

A Health Needs Assessment Study of the Minority Population in Madison County

by the

Indiana Minority Health Coalition

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EXECUTIVE SUMMARY

Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Madison County, directed by the Indiana Minority Health Coalition with technical assistance from the Indiana University Bowen Research Center. Initial project planning activities began in 2003, with most of the data collected in 2004. The purpose of this needs assessment study is to:

- Perform a comprehensive, community-based health needs assessment of minority populations in Madison County
- Identify the real and perceived health-related issues of minority groups across age, gender, socio-economic, and geographic categories
- Examine the wide spectrum of factors impacting the health and well being of the minority populations in the Madison County
- Identify opportunities and initiatives to better meet the health needs

Data for the health needs assessment were collected from existing data containing health indicators, targeted population surveys, focus groups, and key informant surveys.

Existing data from birth and death certificates were gathered and analyzed for minority groups. The analysis of these existing data for Madison County indicated that disparities exist by race and ethnic group. It also revealed that most rates need to be improved to meet the Healthy People 2010 Objectives. The Black population in Madison County is disproportionately affected when comparing the health indicators among racial groups.

Targeted surveys were developed and administered to 178 local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. Some of the results from the surveys highlighted that racial and ethnic minorities perceive cancer, high blood pressure, diabetes, diet problems, and heart disease as part of the top five worst health problems in their neighborhood. These results indicated that seventeen percent of Blacks and forty-one percent of Hispanics indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For African Americans, the top five barriers attributed to accessing healthcare included: lack of money, lack of insurance, could not get off work, medical care not covered by insurance, and waiting too long for an appointment. For Hispanics, the top five barriers attributed to accessing healthcare included: lack of money, language barriers, cultural barriers, lack of insurance, and felt uncomfortable asking the doctor or nurse questions.

Local residents from selected minority populations with an understanding of significant needs, solutions, and expectations were identified to participate in focus groups and/or key informant surveys. Results from focus groups and key informant surveys indicated that Madison County community residents perceive the following as major health problems: cancer, diabetes, heart attack, hypertension, HIV/AIDS, infant mortality, obesity, sexually transmitted diseases, stroke, and tuberculosis. These results also highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in Madison County were; culture,

communication between provider and patient, lack of health knowledge and promotion, personal and economic situation, and system problems. Additionally, the findings provided information on what some minority residents of Madison County perceive as ways to improve both healthcare access and health status. Suggestions for improving healthcare access and/or health status for minority residents included: increase access, educate and improve communication among consumers and providers, improve personal behaviors, make people more aware of available resources, and provide translators and interpreters.

INTRODUCTION

Introduction

This report presents the results of a comprehensive community health needs assessment for minority populations in Madison County, directed by the Indiana Minority Health Coalition. Technical assistance was provided by the Indiana University Bowen Research Center staff. Initial project planning activities began in 2003, with most of the data collected in 2004.

The community health needs assessment activities and results presented here represent an important stage of a comprehensive, ongoing process that will be refined and updated in the coming months and years. A “community health needs assessment” is a systematic, collaborative, data-driven approach to assessing the health needs of populations in a defined geographic area. Information provided by the targeted populations is essential in this process to accurately measure the community values and perspectives. Assessing community health needs is a dynamic process that supports broad-based identification and verification of priorities; intervention development and implementation; and ongoing program evaluation, refinement, and improvement.

Purpose

The purpose of this need assessment study was to:

- Perform a comprehensive, community-based health needs assessment of minority populations in Madison County in collaboration with the Minority Health Coalition of Madison County and other organizations
- Identify the real and perceived health-related issues of minority groups across age, gender, socio-economic, and geographic categories
- Examine the wide spectrum of factors impacting the health and well being of the minority populations in the County
- Identify opportunities and initiatives to better meet the health needs

From the earliest discussions, this assessment was designed to be comprehensive in scope, committed to provide critical information to decision makers to help elucidate the health concerns of minority residents in Madison County. The process was designed to provide essential data about health needs and related issues which could be used to develop targeted action plans to improve the health status of minorities. More importantly, it is hoped this project will become a vehicle to mobilize neighborhoods, consumers, health care providers, and service delivery systems to positively impact the health of minority residents in Madison County, and, thus, build a healthier community.

METHODS

Methods

Data for the health needs assessment were collected from these sources:

- Existing Data Containing Health Indicators
- Targeted Population Survey
- Focus Groups and Key Informant Survey

The community health needs assessment incorporated multiple components. The first involved obtaining and analyzing existing data (including vital statistics) that contain health indicators for minority groups. Next, group administered surveys were conducted to obtain community input on important health issues, needs, values, and beliefs. ‘Community representatives’ and ‘key informants’ input was sought using focus group techniques and individual interviews. Participants were selected for their understanding of significant needs, solutions, and expectations of selected minority populations. All of these inputs were integrated into this report.

To maximize the usefulness of the data in planning activities, this project utilized an expanded definition of “health” to include factors that impact community health status as expressed in a broad population-based, epidemiological model, such as biologic factors (genetics, aging), environmental factors (neighborhood, social, cultural, psychological), and life style or behavioral risk factors (smoking, diet, physical activity), as well as those related to the health care system (access barriers, communication, treatment). These key inputs provided the systematic framework to effectively identify the most important problems and target workable solutions.

This report also provides supporting documentation (technical information, supporting exhibits, and data collection tools) for the benefit of readers who have a technical interest in the epidemiological and analytical methods used and who may want to perform additional analyses of the data.

Existing Health Indicator (Secondary) Data:

Existing data from birth and death certificates were analyzed to provide quantitative measures for comparison between race and ethnic groups. This information was readily available and considered to be generally valid and reliable. These data sources are also “population-based,” meaning that all births and deaths are included, rather than a sample. Thus, using this information to assess health needs among minority population will be very useful and powerful. This component will provide quantitative measures that can be compared across racial and ethnic groups as well as between Madison County and the State as a whole. In addition, these measures can be compared to national targets.

Data about births and deaths were provided by the Indiana State Department of Health, based on births and deaths reported in calendar year 2003. Two primary levels of comparison were made: comparisons among racial groups (Whites, Blacks, Asians/Pacific Islanders, and American Indians/Alaskan Natives) and comparisons between ethnic groups (Hispanics/Latinos and non-Hispanics). Comparisons are also presented between the populations in Madison

County and those in the State of Indiana. The graphs also show the target goals presented in the Healthy People Year 2010 Objectives for the Nation for health indicators where applicable.

Birth measures are shown on the graphs for those health indicators where at least 20 births occurred in the study year among individuals in the specific minority group. Low birth weight births were defined as those where the baby weighed less than 2500 grams. Very low birth weight births were defined as those where the baby weighed less than 1500 grams. Preterm births were defined as those where the delivery occurred at less than 37 weeks of gestation, early preterm births were defined as those where the delivery occurred at less than 32 weeks of gestation.

Death measures are shown on the graphs for those health indicators where at least 20 deaths occurred in the study year among individuals within the specific minority group. The top five leading causes of death were compared by race and ethnic group category in Madison County.

Targeted Survey Data:

One of the most critical elements in a community based health needs assessment project is the inclusion of information about community values and beliefs that can be obtained by surveys. The survey instrument was adapted from instruments used by the Indiana University Bowen Research Center for other community health assessments. Considerable input in adapting the instrument was provided by the staff of the Indiana Minority Health Coalition. A copy of the instrument is included in the appendix.

During the months of April and May 2004, the staff and volunteers of the Minority Health Coalition of Madison County administered the targeted surveys. Local residents completed the targeted surveys in a variety of settings including churches, community centers, the coalition, technical college, urban league, and retail stores.

One hundred and seventy-eight targeted surveys were completed and returned to the Indiana Minority Health Coalition. Sixty-one percent of all survey respondents (N = 109) reported their race; of which 86.2 percent were Black (N = 94), 11.9 percent reported more than one race (N = 13), 0.9 % was Asian (N = 1), and 0.9 % reported other race (N = 1). Ninety-five percent of the participants (N = 169) responded to the question of ethnicity with 40.8 percent reported to be of Hispanic/Latino ethnicity (N = 69). Ninety-six percent of the respondents (N = 171) indicated their gender; of which, 75.4 percent were female (N = 129) and 24.6 percent were male (N = 42). Ninety-nine percent of the respondents (N = 177) reported their age with more than twenty-four percent in the 35 to 44 age group (N = 43), 20.9 percent in the 45 to 54 age group (N = 37), and 18.1 percent in the 25 to 34 age group (N = 32). Of the remaining respondents, 10.7 percent reported their age as 24 years or less (N = 19), and 26.0 percent reported their age as 55 years or more (N = 46).

Focus Groups and Key Informant Interviews:

Focus groups are informal but structured sessions in which participants are asked to discuss their thoughts on a specific topic through guiding questions. Trained moderators, with the assistance of a recorder, ensure the discussion remains focused and well documented while encouraging input from all of the participants. The focus group interviews are a qualitative research technique that was used to obtain representative community input into the health needs assessment.

In addition, Key Informant interviews were conducted with selected individuals using interview scripts designed to elicit comments on the same items that were covered in the focus groups. Participants were chosen to represent community leaders, not-for profit workers, providers and advocates knowledgeable about the key health issues affecting minorities in Madison County.

The selected individuals were invited by letter to participate in the focus groups and key informant interviews. The invitation letter, from the Minority Health Coalition of Madison County, briefly explained the purpose of the focus groups and the role that the individual's responses would play in the health needs assessment reports. Follow-up phone calls were made to the invited participants one to two days before the scheduled meeting to encourage participation and make sure they were still available for the focus group or key informant interview. The protocols used to direct the focus groups and key informant interviews are included in the appendix.

The focus group moderators and the key informant interviewers used a standardized list of probes on perceived community health needs, barriers to accessing health care, characteristics of successful community based programs, suggestions for improvement of current efforts, evaluation of current community resources, and needs of certain programs. The probes are shown on the two scripts, attached in the appendix. For each probe, the session recorder or interviewer noted quick agreement statements-comments made that did not continue into a discussion and deep discussion comments. During the session, a short introduction on the purpose of the Madison County health needs assessment was given, along with an explanation of the role of the findings, and anticipated future action plans.

During the month of August 2004, the coordinators of the minority health coalitions in Madison County conducted four focus groups, two provider groups and two consumer groups. The community room of the local technical college served as the location for the focus groups. There were twelve providers and twelve consumers who took part in the focus groups for a total of twenty-four. Nineteen of the participants were female and five were male. Fifty percent of the focus group participants were Black (N = 12), and the remaining fifty percent were Hispanic (N = 12). Participants reported their age group, with forty-two percent in the 50 to 59 age group (N = 10), twenty-five percent in the 30 to 39 age group (N = 6), twenty-five percent in the 40 to 49 age group (N = 6), and the remaining eight percent in the 60 and over age group (N = 2). No information was available on the profession or type of work performed by the participants.

During the months of March and April 2004, the coordinator of the Minority Health Coalition of Madison County conducted six key informant interviews for the Needs Assessment

project. The key informants represented a variety of professions including an admission advisor of a technical college, CEO of community health center, family and children case manager, nurse practitioner, physician, and a registered nurse. Four of the key informants reported their gender, and two of the interviewees were women and two were men. The key informants did not describe their age, race or ethnicity.

RESULTS

Overview of Existing Health Indicator (Secondary Data Analysis)

Analysis of existing data for Madison County (birth, morbidity and mortality data) indicated disparities exist by in Madison County and by ethnic group. In addition, most rates need to be improved to meet the Healthy People 2010 objectives, the benchmarks provided by the U.S. government. Unfortunately, no comparisons could be made for Asian and Pacific Islanders (APIs) and American Indian and Alaska Natives (AIANs) in Madison County because less than 20 incidents occurred in the study year among individuals in the specific minority group for the specific outcome of interest.

Comparisons for Madison County are based on the differences between specific indicators and the Healthy People 2010 objective, comparison to all births in the county and to the respective racial or ethnic group in Indiana. Any values with less than 1% (<1%) difference are considered similar and values equal to or greater than 1% difference were listed as having a lower or greater difference. The 1% difference rule does not apply when comparing indicators with the Healthy People 2010 objective.

The Black population in Madison County was disproportionately affected when comparing the health indicators among racial groups. Most of the health indicators have room for improvement: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, alcohol use during pregnancy, births to single mothers, teenage pregnancy, and low weight gain during pregnancy. Furthermore, fewer Black women in Madison County receive prenatal care during the first trimester and more Black women receive less than adequate prenatal care. These indicators that need improvement do not meet the Healthy People 2010 objective and/or have higher percentages in comparison to all births in Madison County.

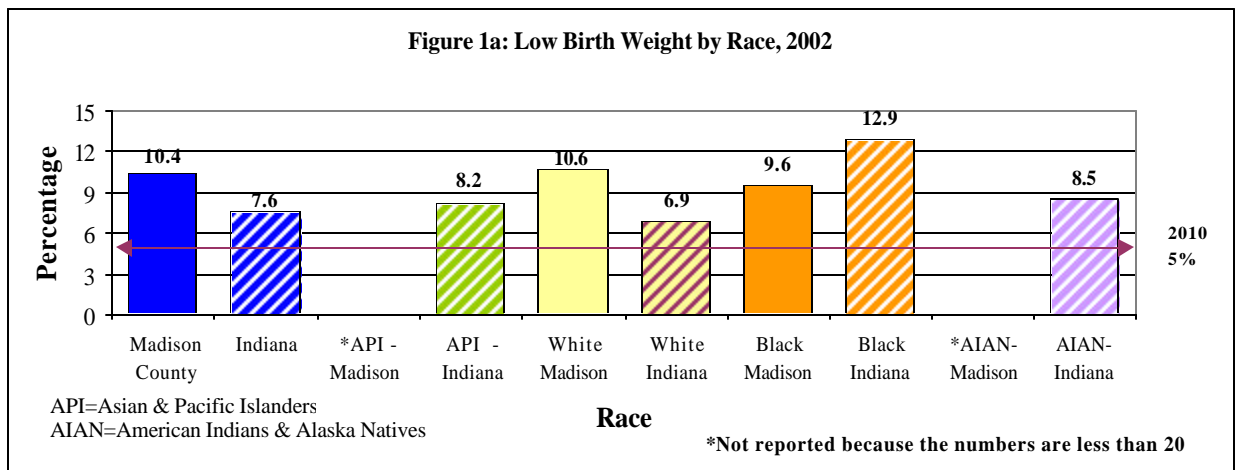
The Hispanic population in Madison County was disproportionately affected when comparing the health indicators among ethnic groups. There was room for improvement in low birth weight, very low birth weight, preterm births, pregnancy complications, Cesarean deliveries, births to single mothers, births to 16 and 17 year olds, and low weight gain during pregnancy. Furthermore, fewer Hispanic women in Madison County receive prenatal care during the first trimester and more Hispanic women receive less than adequate prenatal care. These indicators that need improvement do not meet the Healthy People 2010 objective and/or have higher percentages in comparison to all births in Madison County.

The age-adjusted death rate for APIs, AIANs, and Hispanics in Madison County could not be compared due to the small number of deaths. The age-adjusted death rate for Blacks in Madison County was similar to the age-adjusted death rate for all deaths in Madison County. Diseases of the heart were the leading cause of death for Blacks in Madison County. Deaths by cause for APIs and AIANs in Madison County could not be compared due to the small number of deaths.

Birth Data:

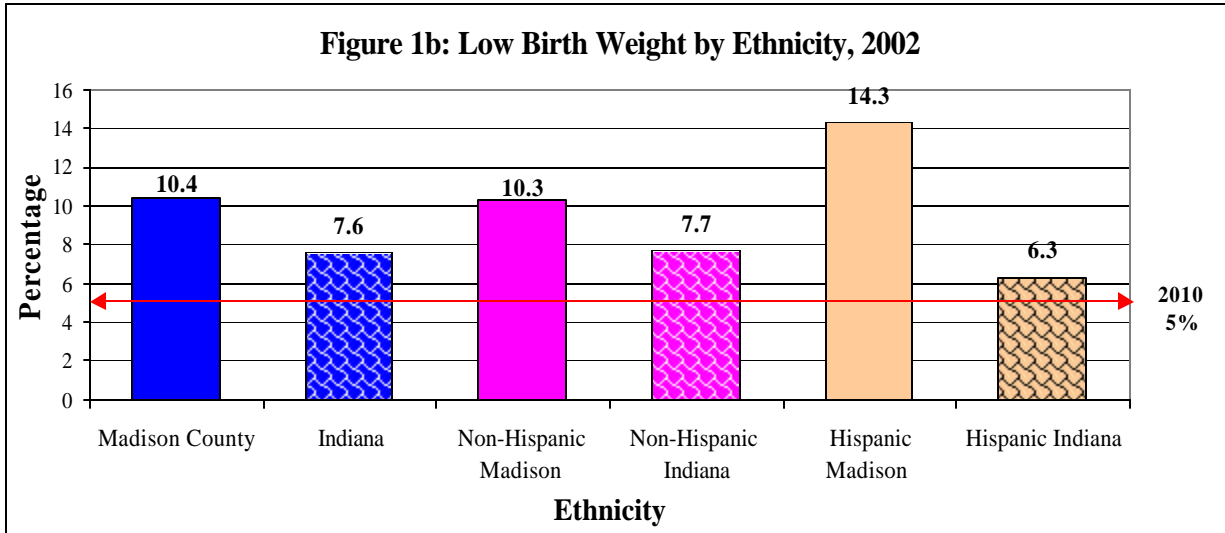
Low Birth Weight (LBW) by Race (Figure 1a):

- The percentage of low birth weight deliveries for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of low birth weight deliveries for Blacks in Madison County was higher than the Healthy People 2010 objective.
- The percentage of low birth weight deliveries for Blacks in Madison County was similar to the percentage for all births in Madison County.
- The percentage of low birth weight deliveries for Blacks in Madison County was lower than the percentage for all births by Blacks in Indiana.



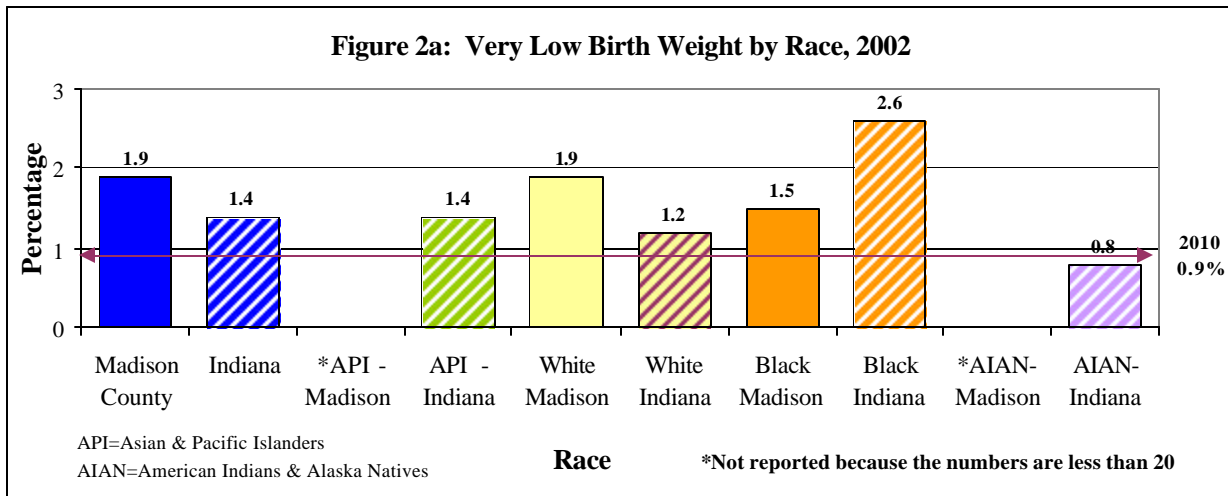
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

- The percentage of low birth weight deliveries for Hispanics in Madison County was higher than the Healthy People 2010 objective.
- The percentage of low birth weight deliveries for Hispanics in Madison County was higher than the percentage for Non-Hispanic births in Madison County.
- The percentage of low birth weight deliveries for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.



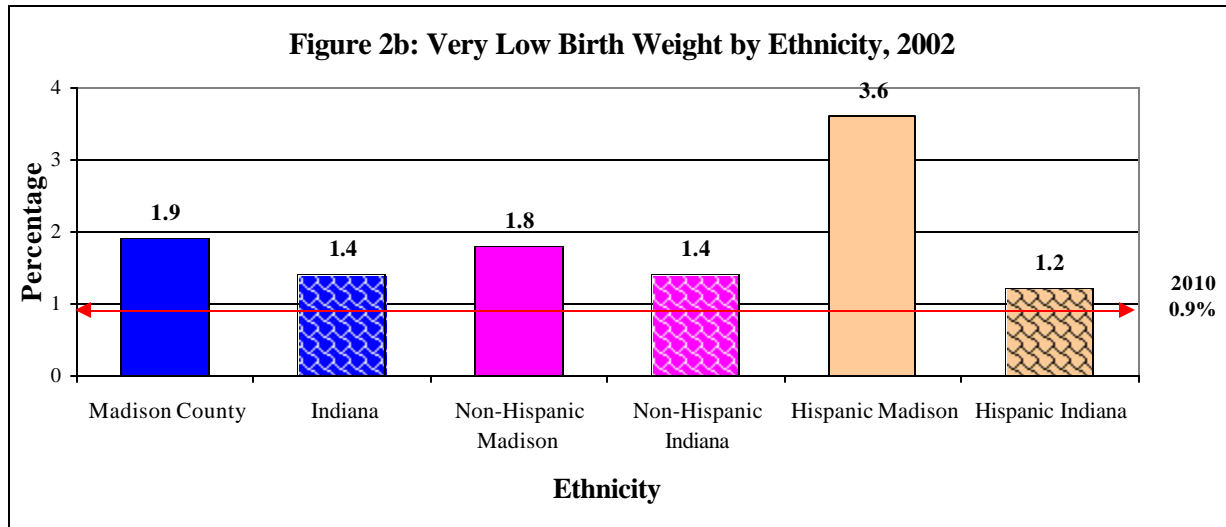
Very Low Birth Weight (VLBW) by Race (Figure 2a):

- The percentage of very low birth weight deliveries for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of very low birth weight deliveries for Blacks in Madison County was higher than the Healthy People 2010 objective.
- The percentage of very low birth weight deliveries for Blacks in Madison County was similar to the percentage for all births in Madison County.
- The percentage of very low birth weight deliveries for Blacks in Madison County was lower than the percentage for all births by Blacks in Indiana.



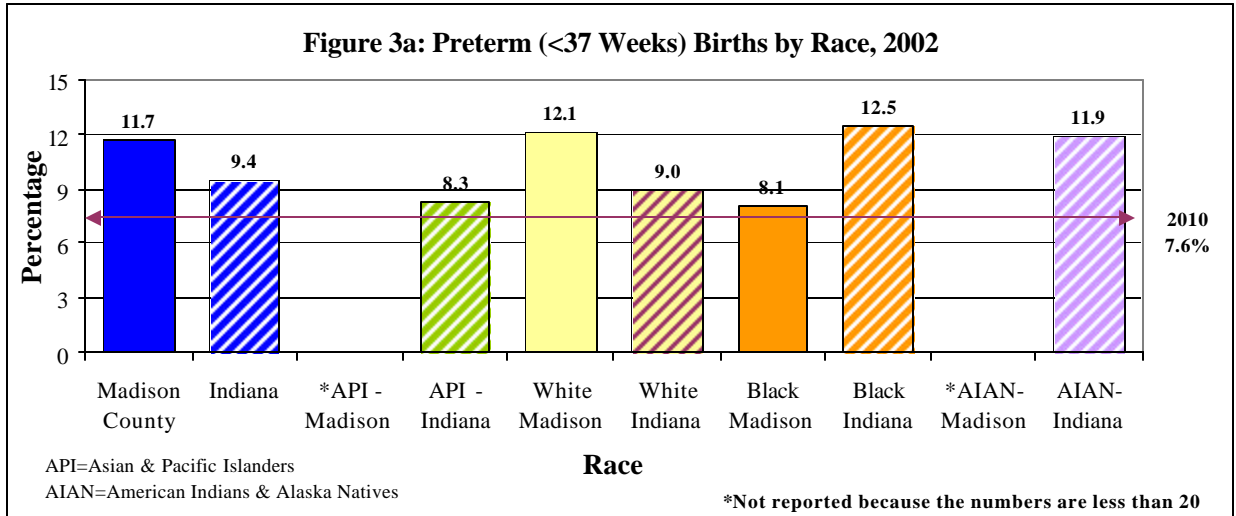
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

- The percentage of very low birth weight deliveries for Hispanics in Madison County was higher than the Healthy People 2010 objective.
- The percentage of very low birth weight deliveries for Hispanics in Madison County was higher than the percentage for Non-Hispanic births in Madison County.
- The percentage of very low birth weight deliveries for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.



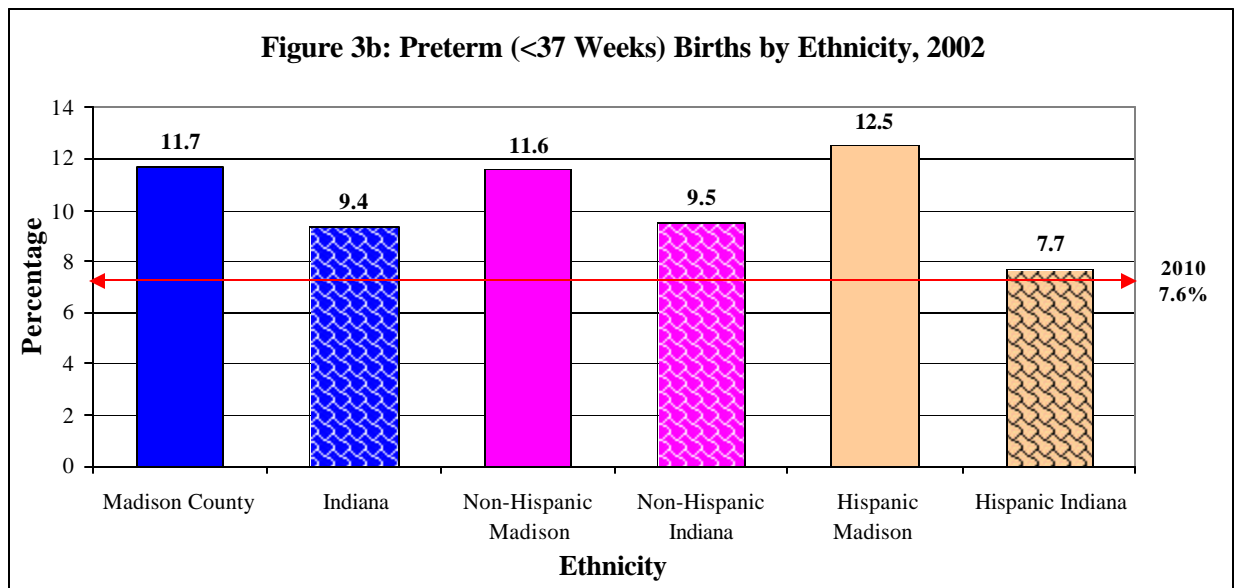
Preterm (< 37 weeks) Births by Race (Figure 3a):

- The percentage of preterm births for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of preterm births for Blacks in Madison County was higher than the Healthy People 2010 objective.
- The percentage of preterm births for Blacks in Madison County was lower than the percentage for all births in Madison County.
- The percentage of preterm births for Blacks in Madison County was lower than the percentage for all births by Blacks in Indiana.



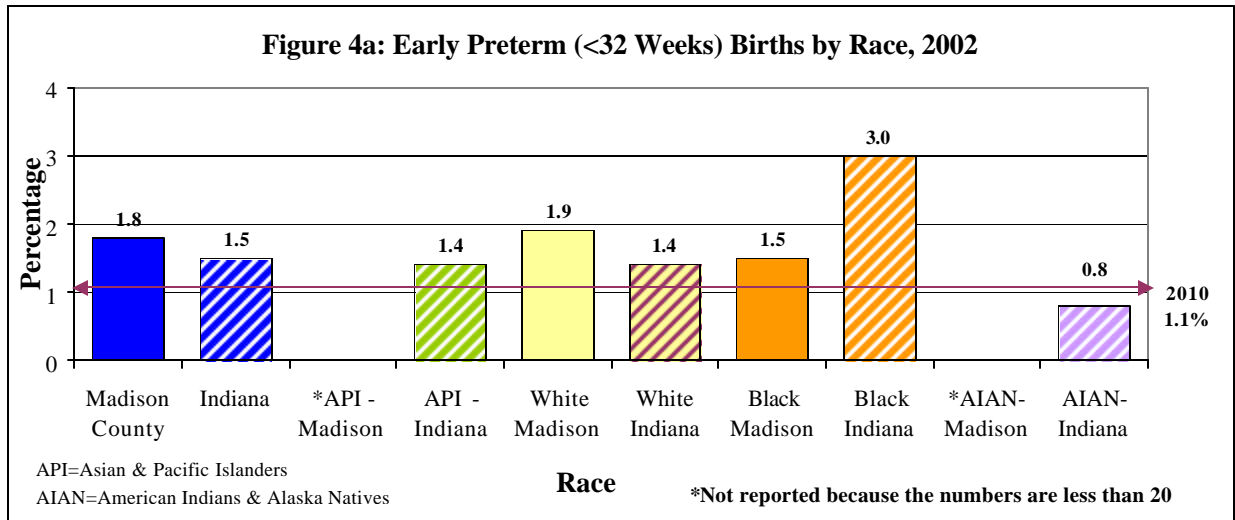
Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):

- The percentage of preterm births for Hispanics in Madison County was higher than the Healthy People 2010 objective.
- The percentage of preterm births for Hispanics in Madison County was similar to the percentage for Non-Hispanic births in Madison County.
- The percentage of preterm births for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.



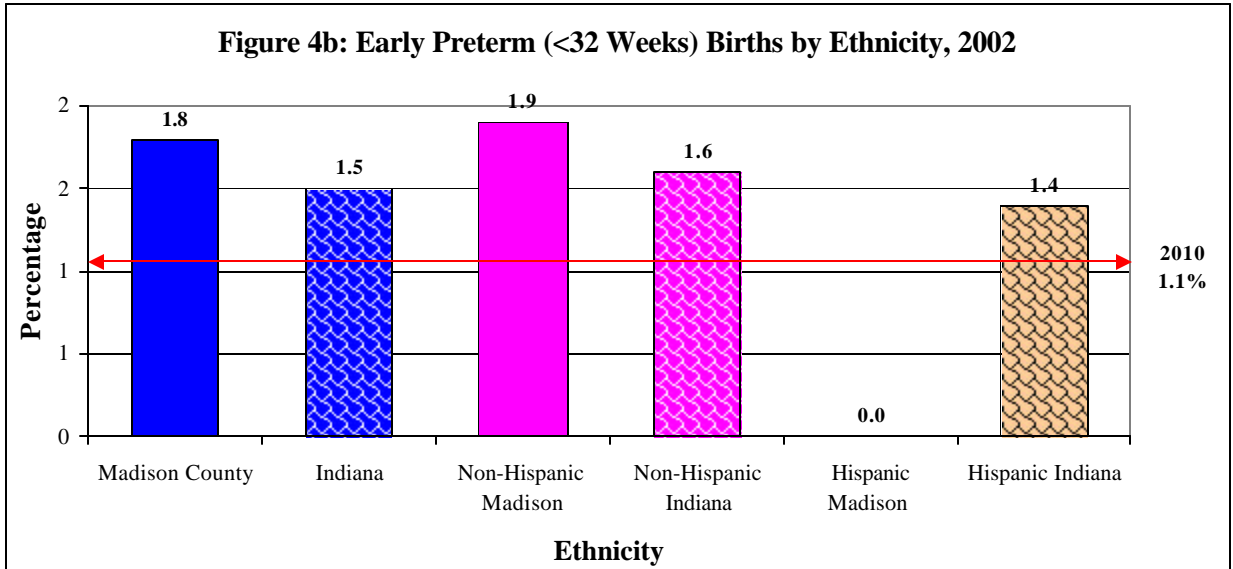
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

- The percentage of early preterm births for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of early preterm births for Blacks in Madison County was higher than the Healthy People 2010 objective.
- The percentage of early preterm births for Blacks in Madison County was similar to the percentage for all births in Madison County.
- The percentage of early preterm births for Blacks in Madison County was lower than to the percentage for all births by Blacks in Indiana.



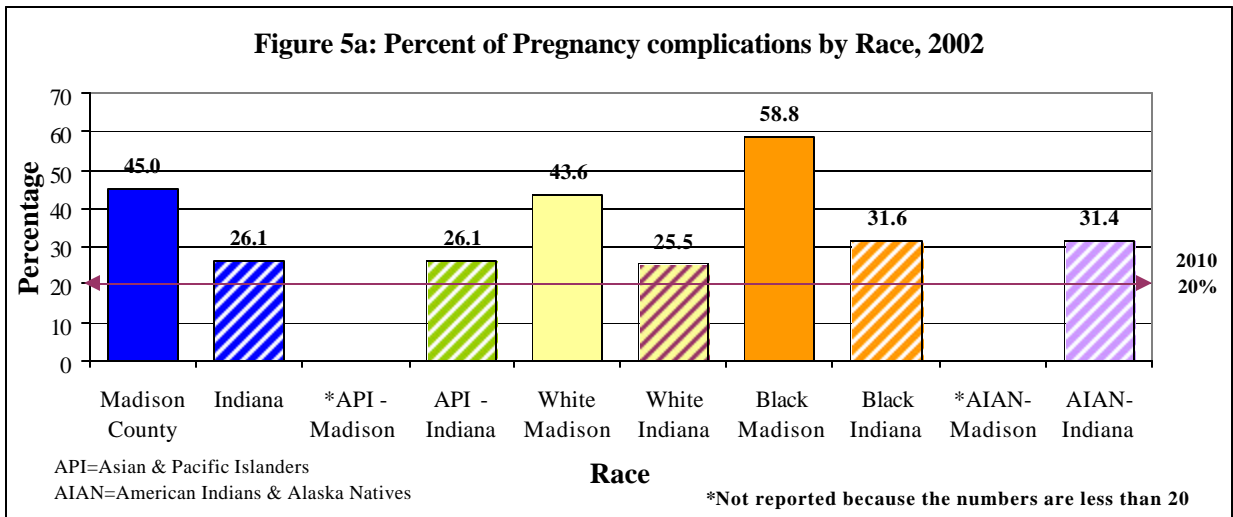
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

- The percentage of early preterm births for Hispanics in Madison County was lower than the Healthy People 2010 objective.
- The percentage of early preterm births for Hispanics in Madison County was lower than the percentage for Non-Hispanic births in Madison County.
- The percentage of early preterm births for Hispanics in Madison County was lower than the percentage for all Hispanic births in Indiana.



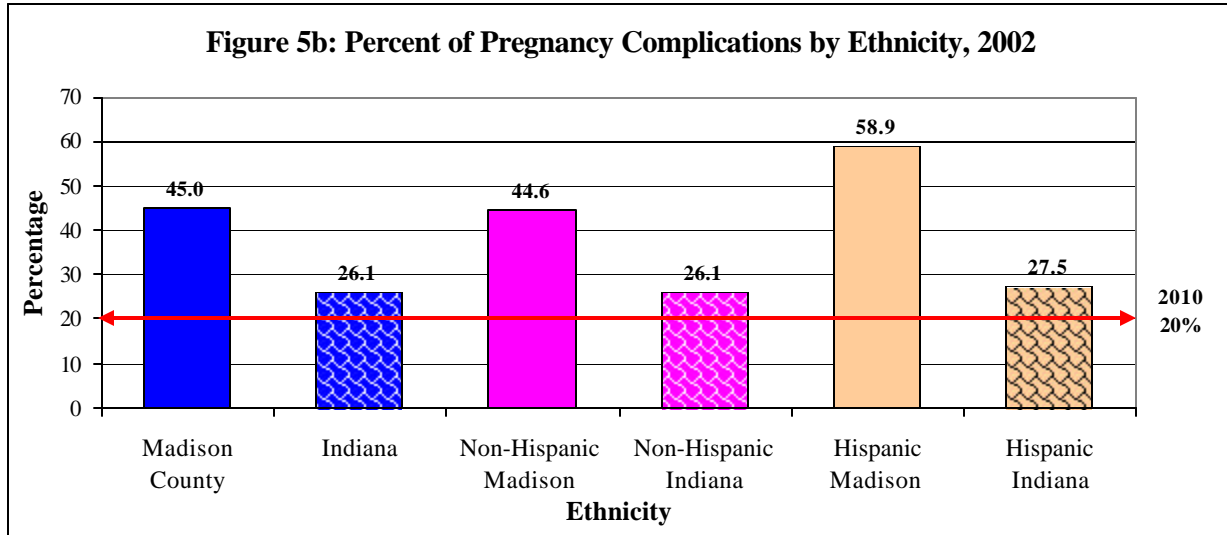
Percent of Pregnancy Complications by Race (Figure 5a):

- The percentage of pregnancy complications for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of pregnancy complications for Blacks in Madison County was higher than the Healthy People 2010 objective.
- The percentage of pregnancy complications for Blacks in Madison County was higher than the percentage for all births in Madison County.
- The percentage of pregnancy complications for Blacks in Madison County was higher than the percentage for all births by Blacks in Indiana.



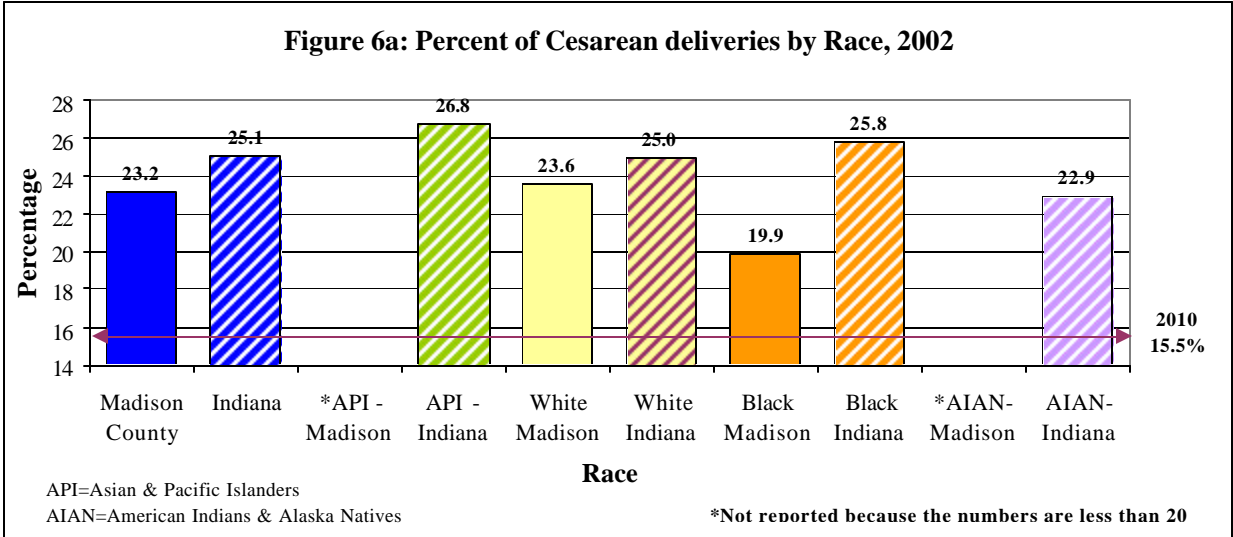
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

- The percentage of pregnancy complications for Hispanics in Madison County was higher than the Healthy People 2010 objective.
- The percentage of pregnancy complications for Hispanics in Madison County was higher than the percentage for Non-Hispanic births in Madison County.
- The percentage of pregnancy complications for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.



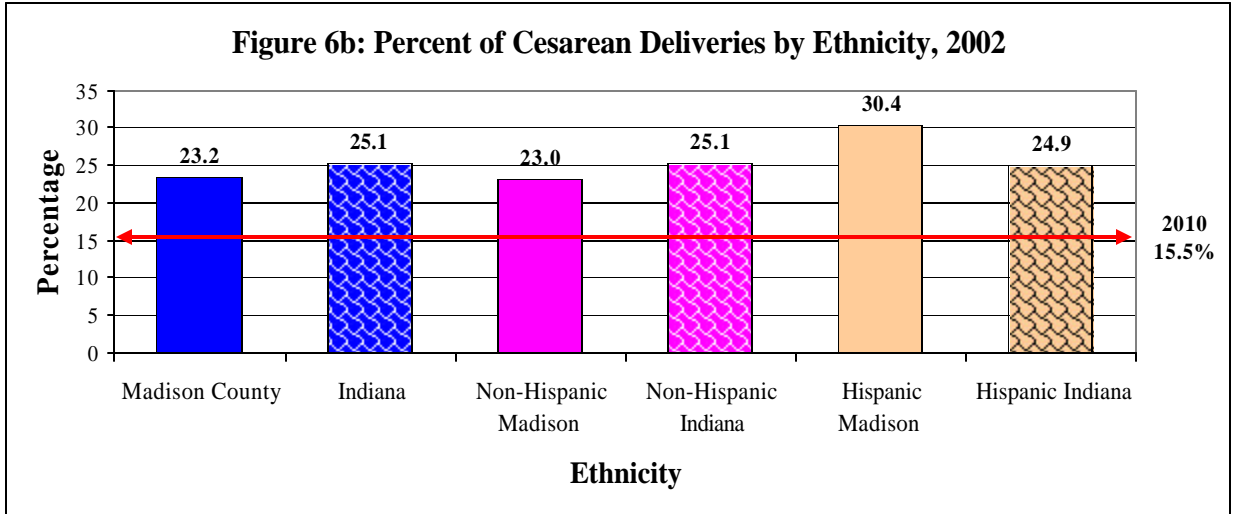
Percent of Cesarean Deliveries by Race (Figure 6a):

- The percentage of Cesarean deliveries for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of Cesarean deliveries for Blacks in Madison County was higher than the Healthy People 2010 objectives.
- The percentage of Cesarean deliveries for Blacks in Madison County was lower than the percentage for all births in Madison County.
- The percentage of Cesarean deliveries for Blacks in Madison County was lower than the percentage for all births by Blacks in Indiana.



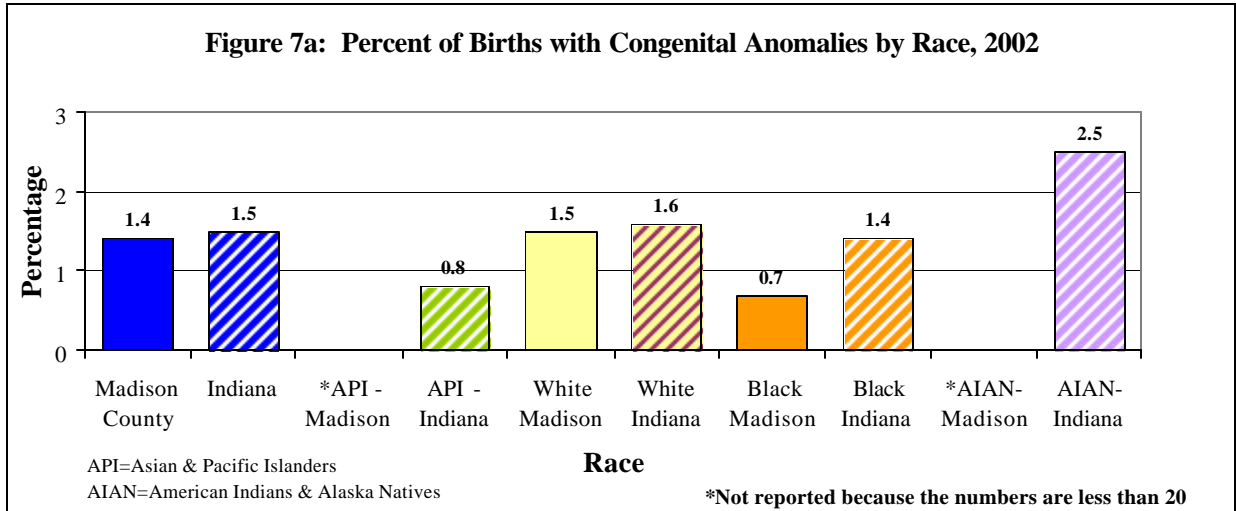
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

- The percentage of Cesarean deliveries for Hispanics in Madison County was higher than the Healthy People 2010 objectives.
- The percentage of Cesarean deliveries for Hispanics in Madison County was higher than the percentage for Non-Hispanic births in Madison County.
- The percentage of Cesarean deliveries for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.



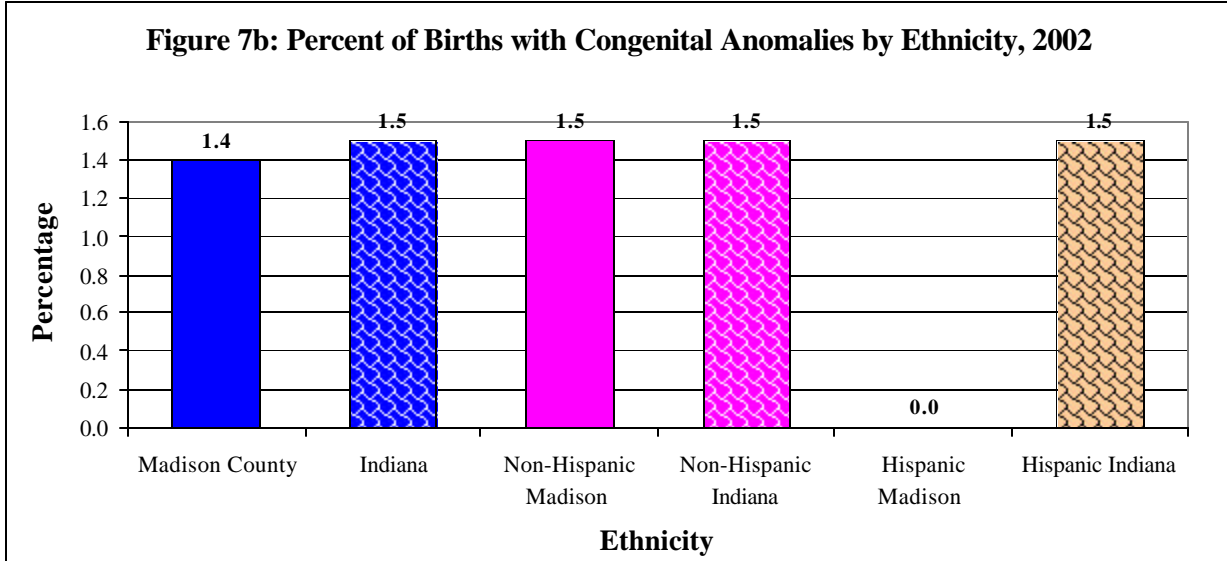
Percent of Births with Congenital Anomalies by Race (Figure 7a):

- The percentage of congenital anomalies for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of congenital anomalies for Blacks in Madison County was similar to the percentage for all births in Madison County.
- The percentage of congenital anomalies for Blacks in Madison County was similar to the percentage for all births by Blacks in Indiana.



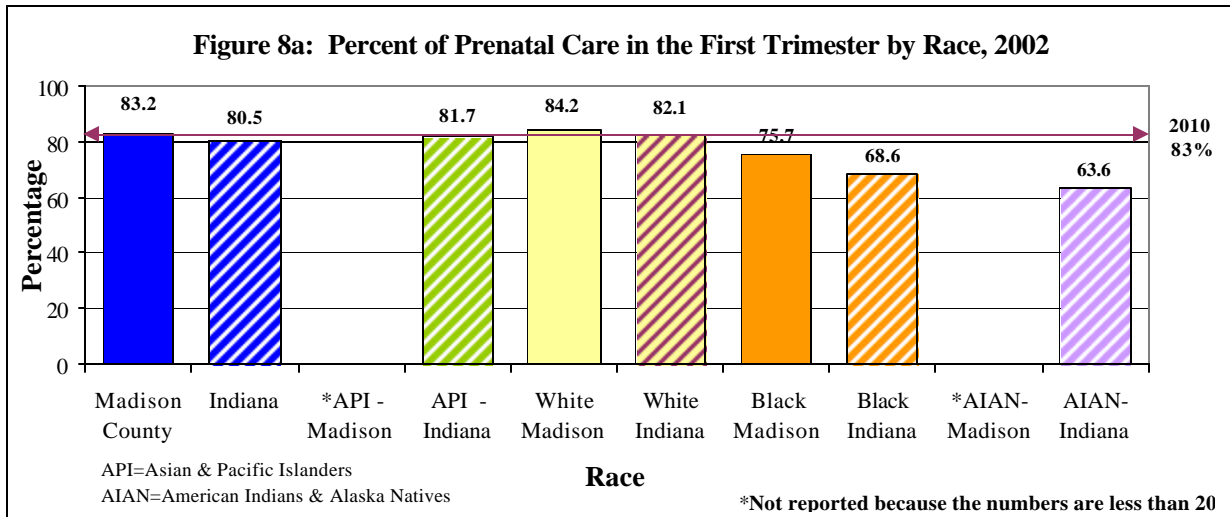
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

- The percentage of congenital anomalies for Hispanics in Madison County was lower than the percentage for Non-Hispanic births in Madison County.
- The percentage of congenital anomalies for Hispanics in Madison County was lower than the percentage for all Hispanic births in Indiana.



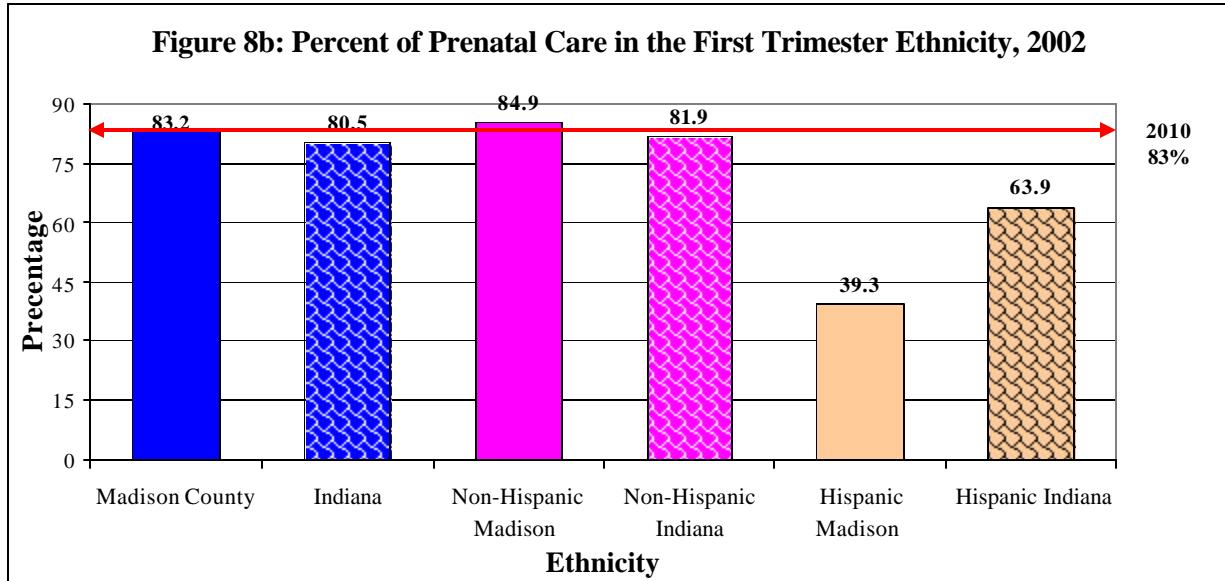
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

- The percentage of prenatal care in the first trimester for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of prenatal care in the first trimester for Blacks in Madison County was below the Healthy People 2010 objectives.
- The percentage of prenatal care in the first trimester for Blacks in Madison County was lower than the percentage for all births in Madison County.
- The percentage of prenatal care in the first trimester for Blacks in Madison County was higher than the percentage for all births by Blacks in Indiana.



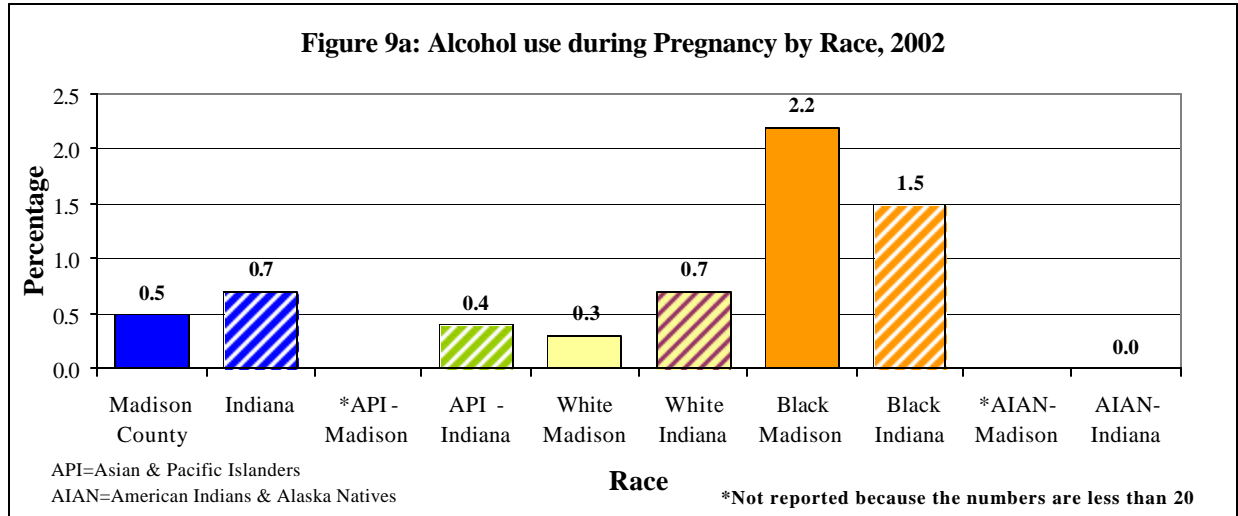
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

- The percentage of prenatal care in the first trimester for Hispanics in Madison County was below the Healthy People 2010 objective.
- The percentage of prenatal care in the first trimester for Hispanics in Madison County was lower than the percentage for Non-Hispanic births in Madison County.
- The percentage of prenatal care in the first trimester for Hispanics in Madison County was lower than the percentage for all Hispanic births in Indiana.



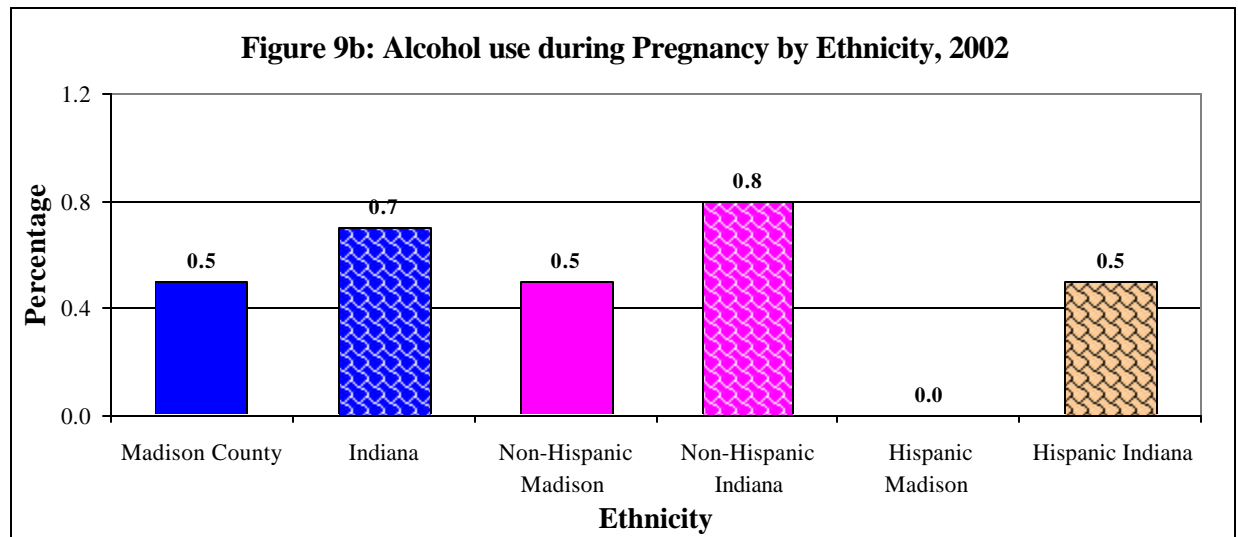
Alcohol Use during Pregnancy by Race (Figure 9a):

- The percentage of alcohol use during pregnancy for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of alcohol use during pregnancy for Blacks in Madison County was higher than the percentage for all births in Madison County.
- The percentage of alcohol use during pregnancy for Blacks in Madison County was similar to the percentage for all births by Blacks in Indiana.



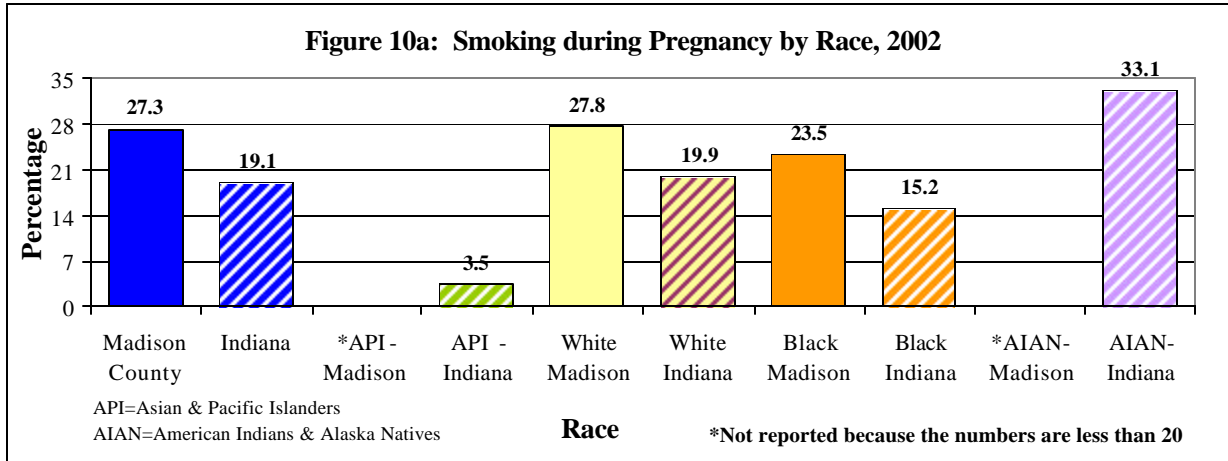
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

- The percentage of alcohol use during pregnancy for Hispanics in Madison County was similar to the percentage for Non-Hispanic births in Madison County.
- The percentage of alcohol use during pregnancy for Hispanics in Madison County was similar to the percentage for all Hispanic births in Indiana.



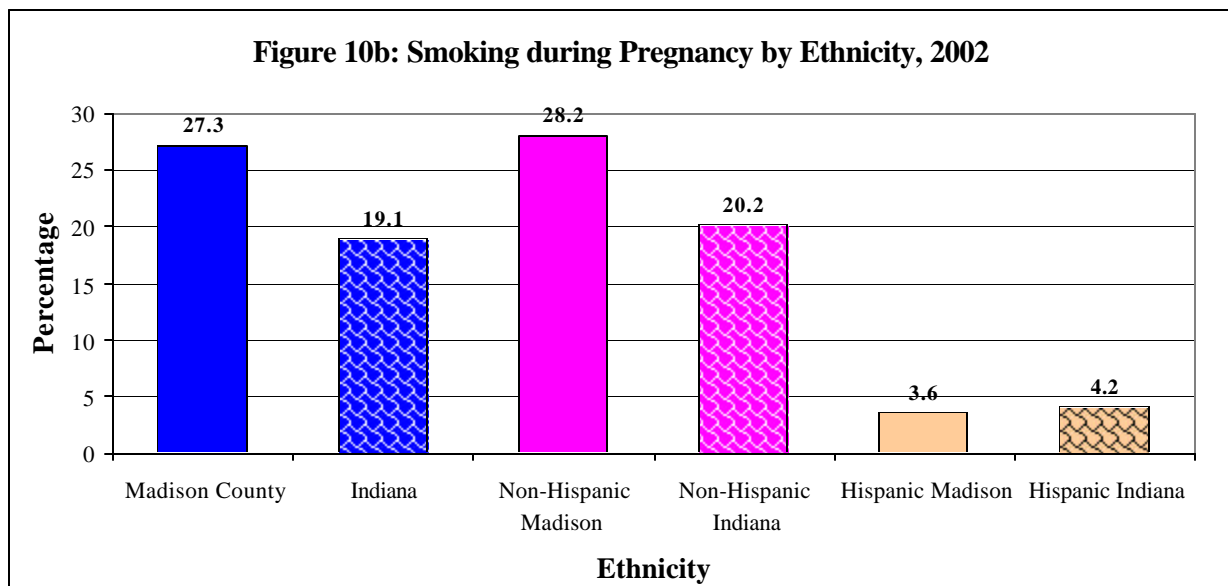
Smoking during Pregnancy by Race (Figure 10a):

- The percentage of smoking during pregnancy for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of smoking during pregnancy for Blacks in Madison County was lower than the percentage for all births in Madison County.
- The percentage of smoking during pregnancy for Blacks in Madison County was higher than the percentage for all births by Blacks in Indiana.



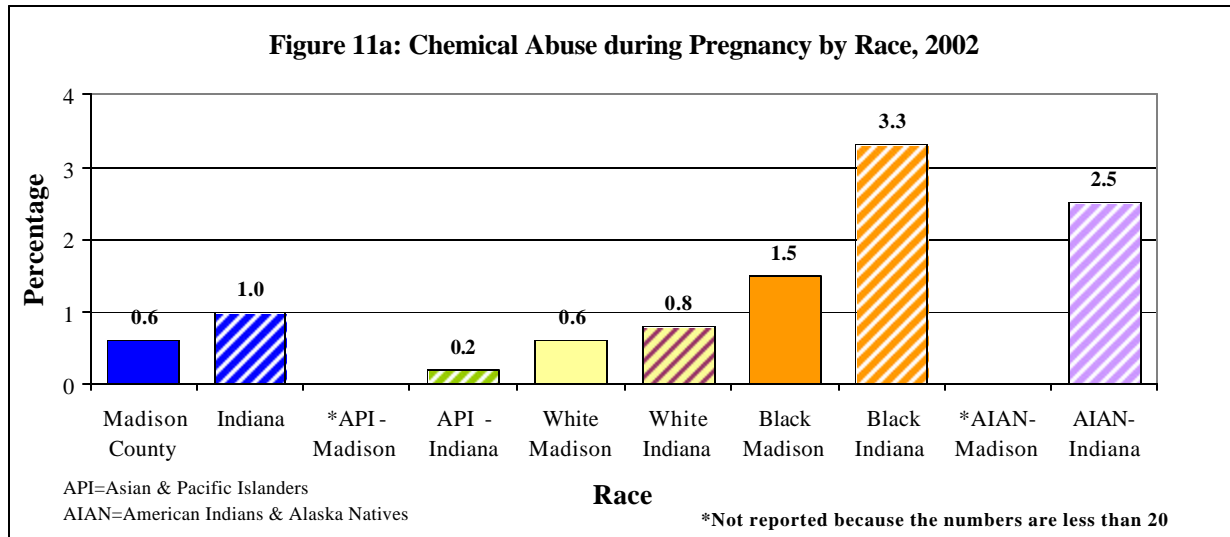
Smoking during Pregnancy by Ethnicity (Figure 10b):

- The percentage of smoking during pregnancy for Hispanics in Madison County was lower than the percentage for Non-Hispanic births in Madison County.
- The percentage of smoking during pregnancy for Hispanics in Madison County was similar to the percentage for all Hispanic births in Indiana.



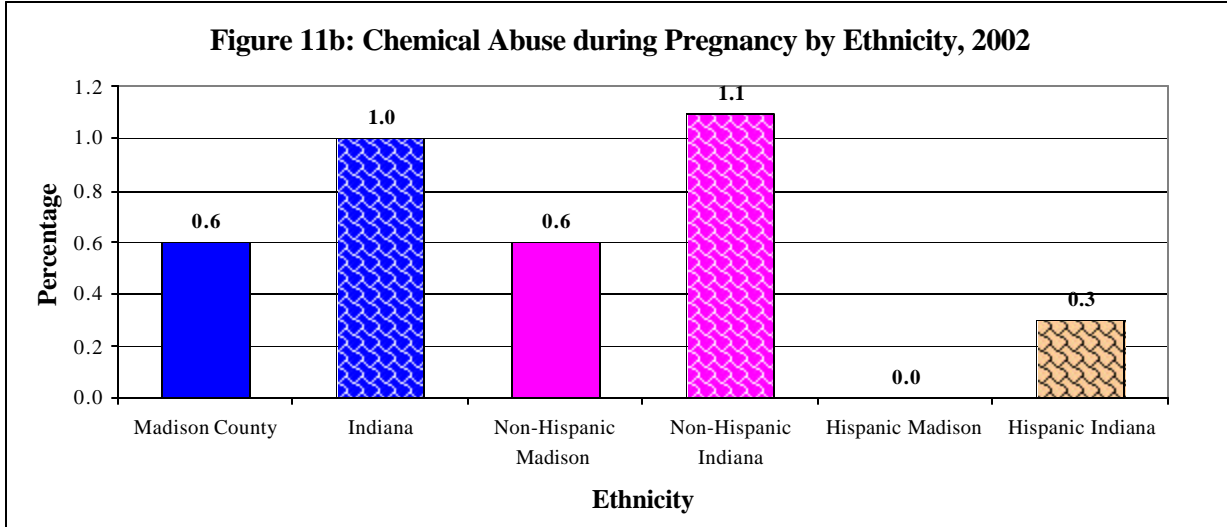
Chemical Abuse during Pregnancy by Race (Figure 11a):

- The percentage of chemical abuse during pregnancy for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of chemical abuse during pregnancy for Blacks in Madison County was similar to the percentage for all births in Madison County.
- The percentage of chemical abuse during pregnancy for Blacks in Madison County was lower than the percentage for all births by Blacks in Indiana.



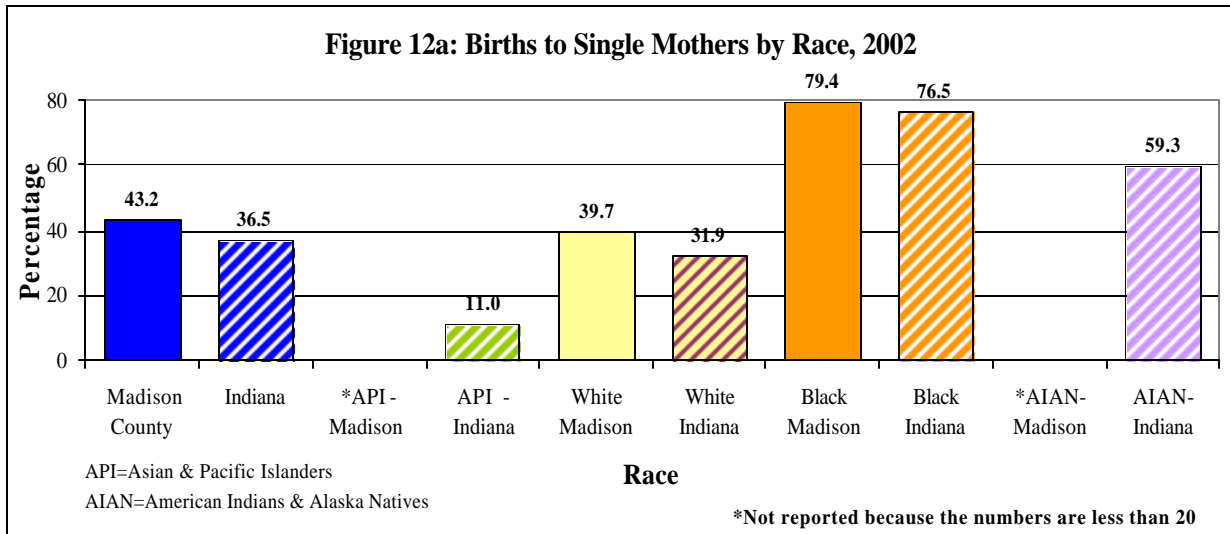
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

- The percentage of chemical abuse during pregnancy for Hispanics in Madison County was similar to the percentage for Non-Hispanic births in Madison County.
- The percentage of chemical abuse during pregnancy for Hispanics in Madison County was similar to the percentage for all Hispanic births in Indiana.



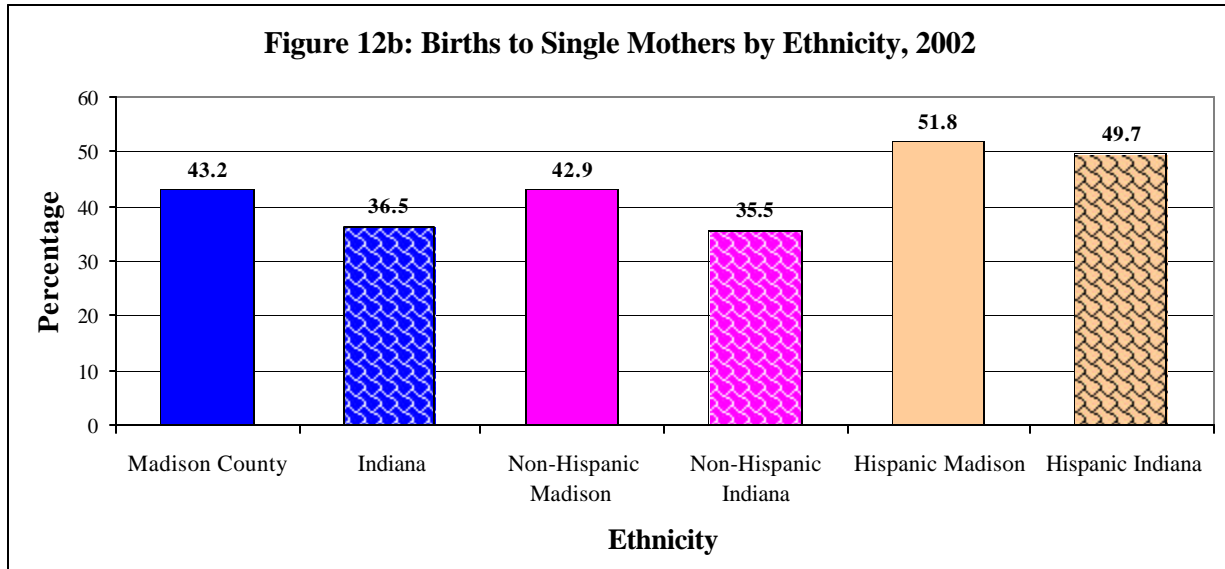
Births to Single Mothers by Race (Figure 12a):

- The percentage of births to single mothers for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of births to single mothers for Blacks in Madison County was higher than the percentage for all births in Madison County.
- The percentage of births to single mothers for Blacks in Madison County was higher than the percentage for all births by Blacks in Indiana.



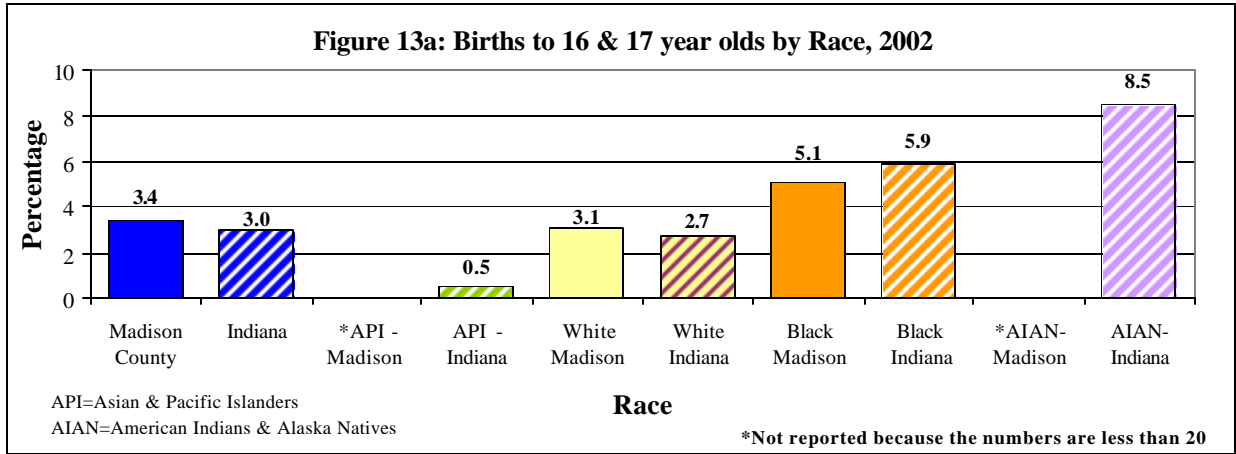
Births to Single Mothers by Ethnicity (Figure 12b):

- The percentage of births to single mothers for Hispanics in Madison County was higher than the percentage for Non-Hispanic births in Madison County.
- The percentage of births to single mothers for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.



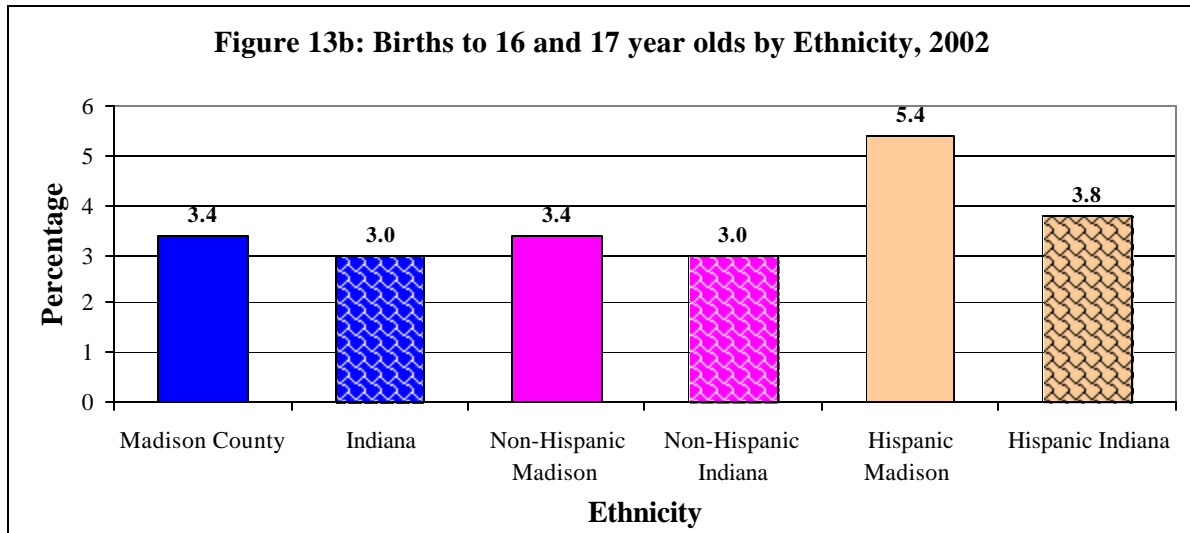
Births to 16 and 17 Year olds by Race (Figure 13a):

- The percentage of births to 16 and 17 year olds for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of births to 16 and 17 year olds for Blacks in Madison County was higher than the percentage for all births in Madison County.
- The percentage of births to 16 and 17 year olds for Blacks in Madison County was similar to the percentage for all births by Blacks in Indiana.



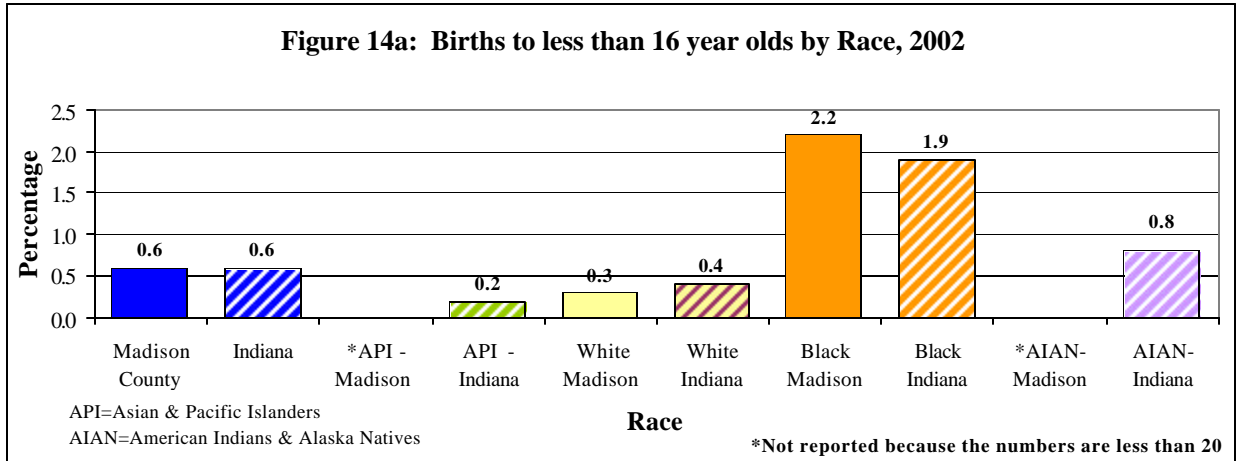
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

- The percentage of births to 16 and 17 year olds for Hispanics in Madison County was higher than the percentage for Non-Hispanic births in Madison County.
- The percentage of births to 16 and 17 year olds for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.



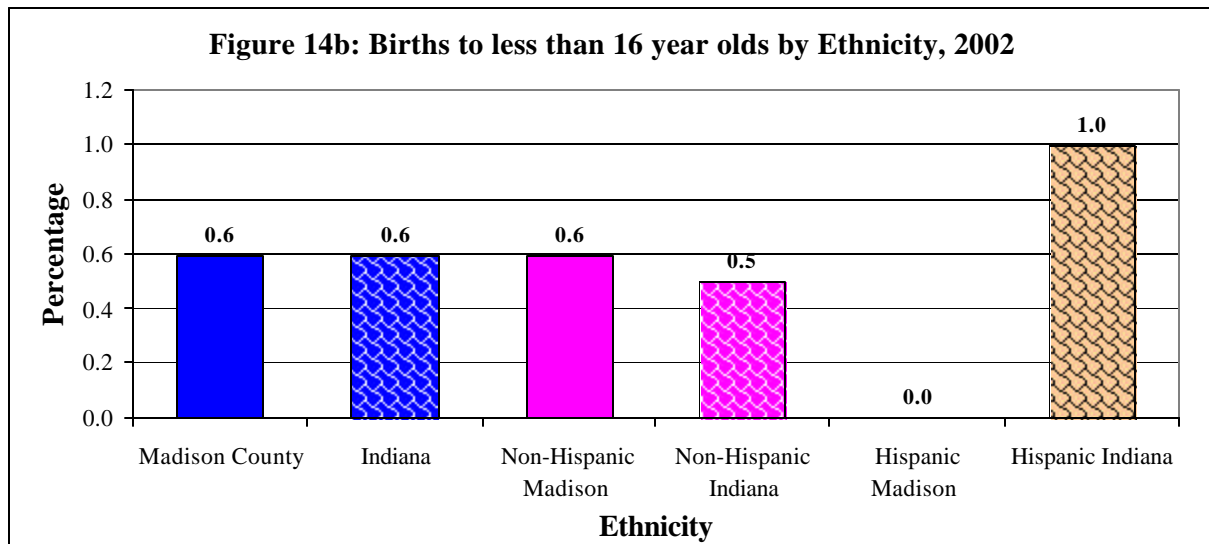
Births to Less than 16 Year olds by Race (Figure 14a):

- The percentage of births to less than 16 year olds for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of births to less than 16 year olds for Blacks in Madison County was higher than the percentage for all births in Madison County.
- The percentage of births to less than 16 year olds for Blacks in Madison County was similar to the percentage for all births by Blacks in Indiana.



Births to Less than 16 Year olds by Ethnicity (Figure 14b):

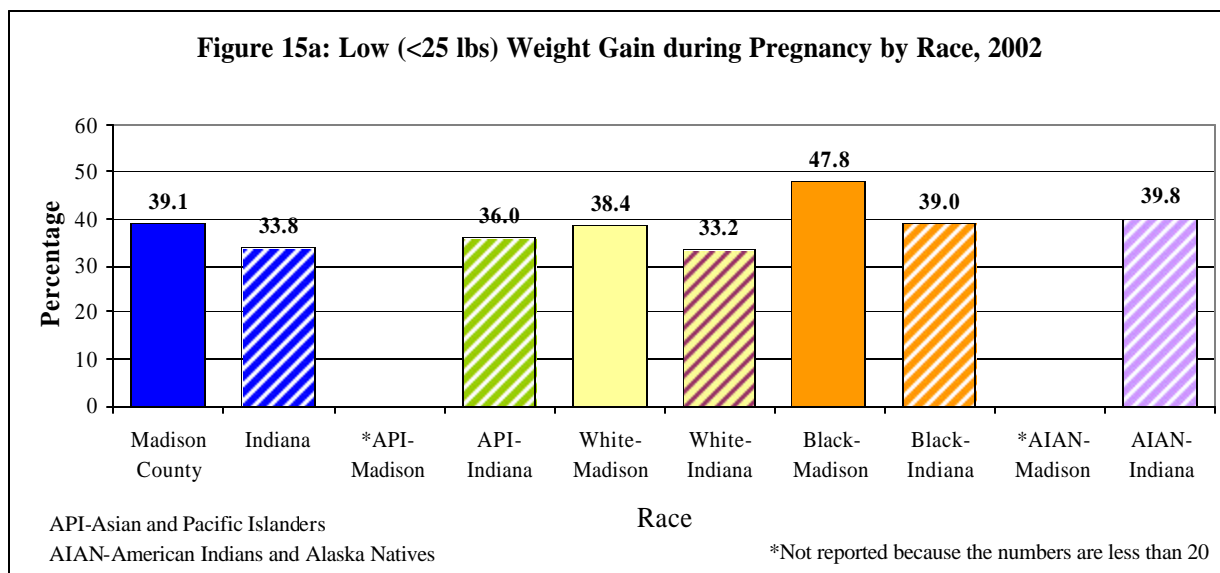
- The percentage of births to less than 16 year olds for Hispanics in Madison County was similar to the percentage for Non-Hispanic births in Madison County.
- The percentage of births to less than 16 year olds for Hispanics in Madison County was lower than the percentage for all Hispanic births in Indiana.



Weight Gain during Pregnancy:

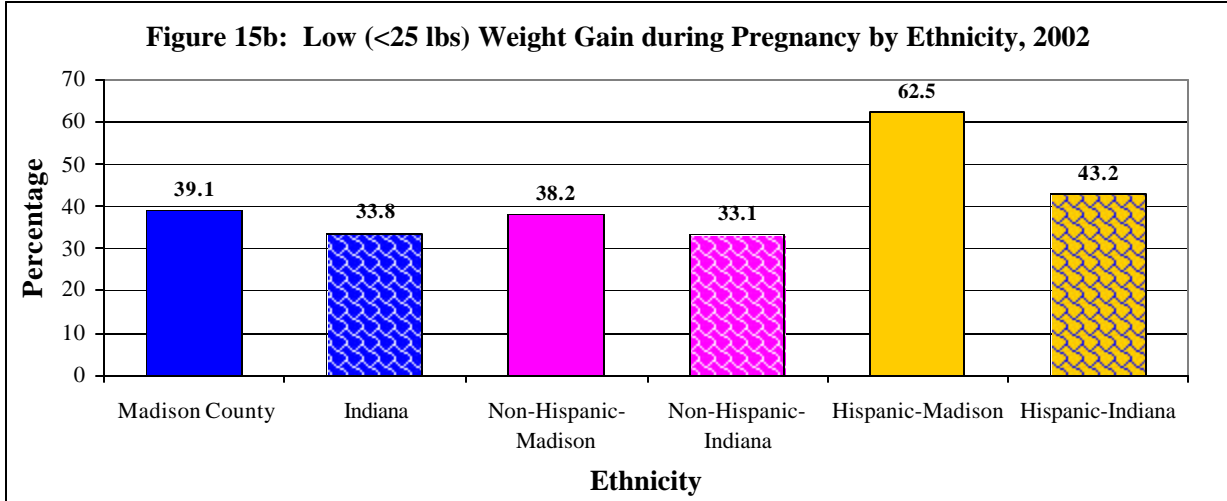
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

- The percentage of LWG during pregnancy for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of LWG during pregnancy for Blacks in Madison County was higher than the percentage for all births in Madison County.
- The percentage of LWG during pregnancy for Blacks in Madison County was higher than the percentage for all births by Blacks in Indiana.



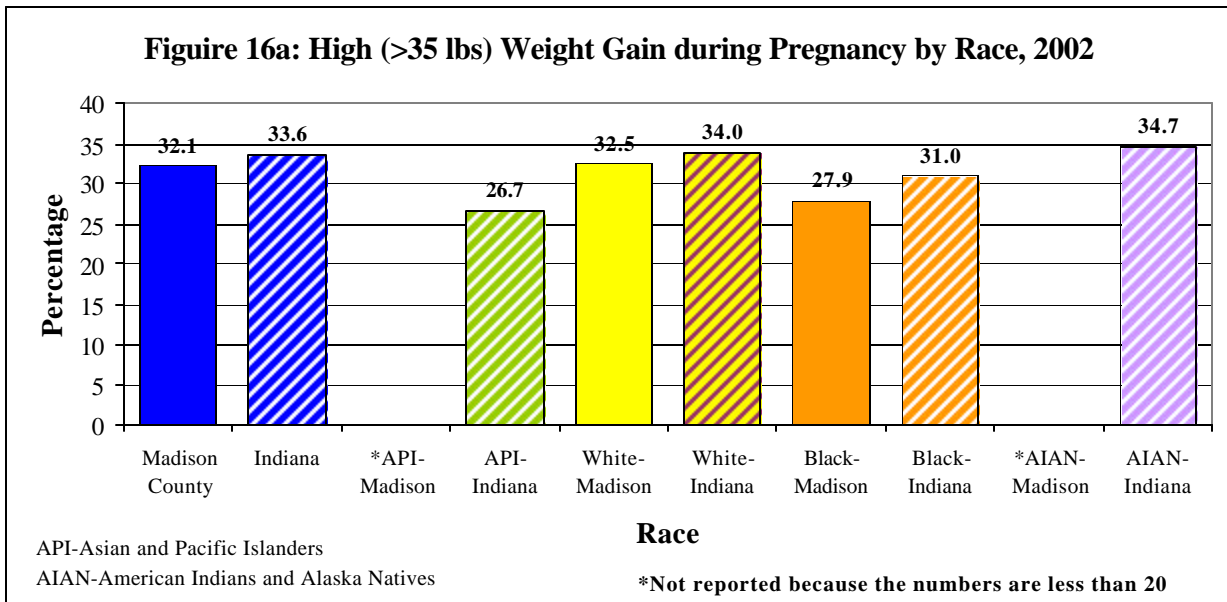
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

- The percentage of LWG during pregnancy for Hispanics in Madison County was higher than the percentage for Non-Hispanic births in Madison County.
- The percentage of LWG during pregnancy for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.



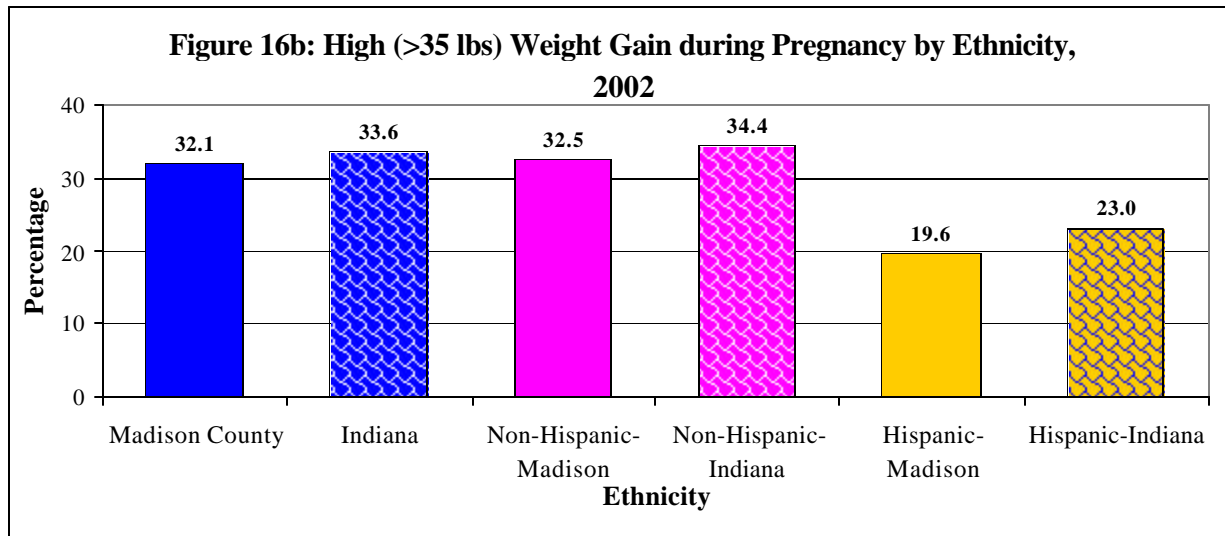
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

- The percentage of HWG during pregnancy for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of HWG during pregnancy for Blacks in Madison County was lower than the percentage for all births in Madison County.
- The percentage of HWG during pregnancy for Blacks in Madison County was lower than the percentage for all births by Blacks in Indiana.



High (>35 lbs) Weight Gain (HWG) during Pregnancy by Ethnicity (Figure 16b):

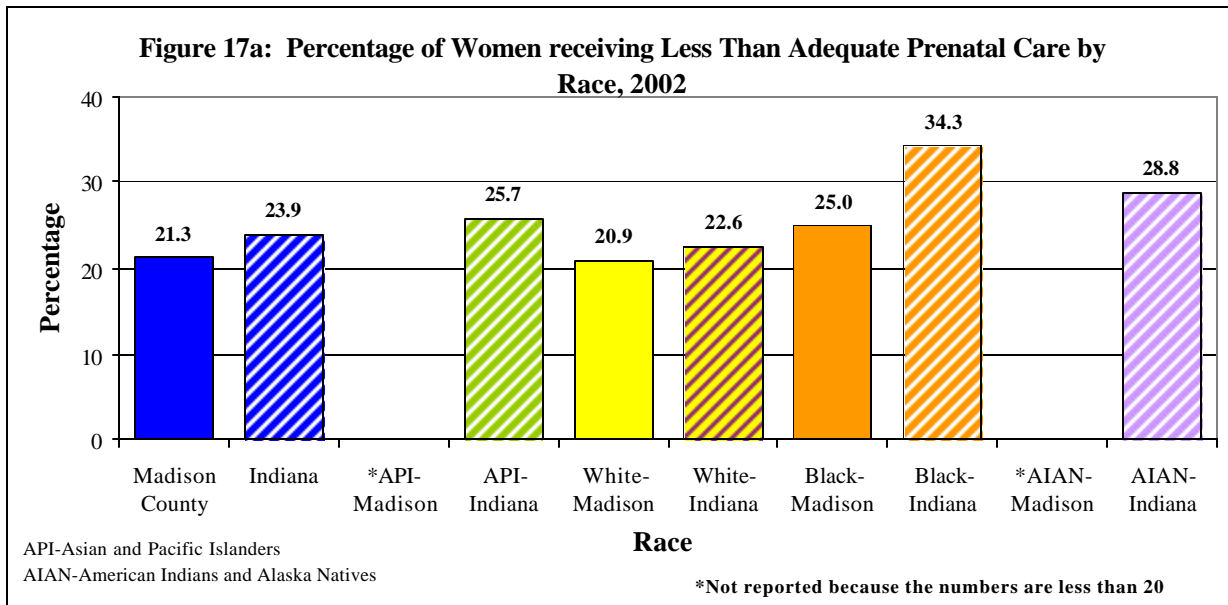
- The percentage of HWG during pregnancy for Hispanics in Madison County was lower than the percentage for Non-Hispanic births in Madison County.
- The percentage of HWG during pregnancy for Hispanics in Madison County was lower than the percentage for all Hispanic births in Indiana.



Prenatal Care:

Percentage of Women Receiving Less than Adequate Prenatal Care by Race (Figure 17a):

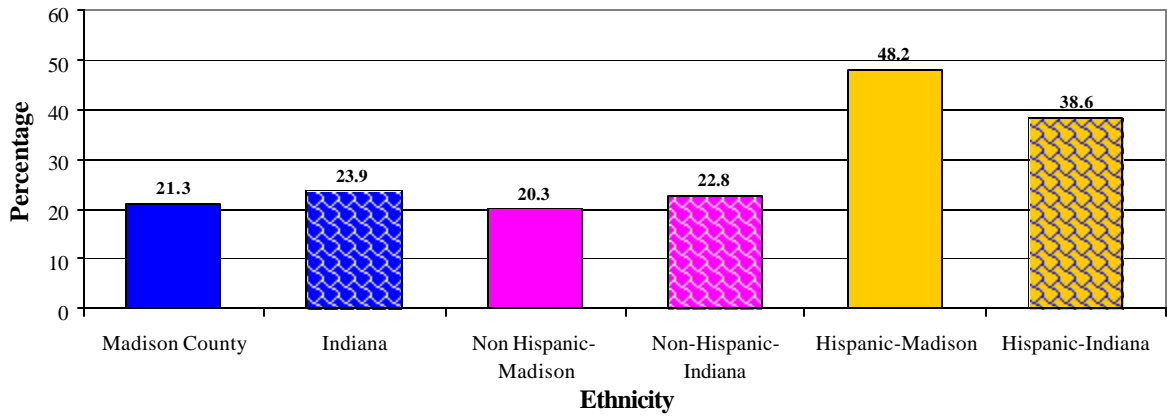
- The percentage of Women receiving less than adequate prenatal care for APIs and AIANs in Madison County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Madison County was higher than the percentage for all births in Madison County.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Madison County was lower than the percentage for all births by Blacks in Indiana.



Percentage of Women Receiving Less than Adequate Prenatal Care by Ethnicity (Figure 17b):

- The percentage of Women receiving less than adequate prenatal care for Hispanics in Madison County was higher than the percentage for Non-Hispanic births in Madison County.
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Madison County was higher than the percentage for all Hispanic births in Indiana.

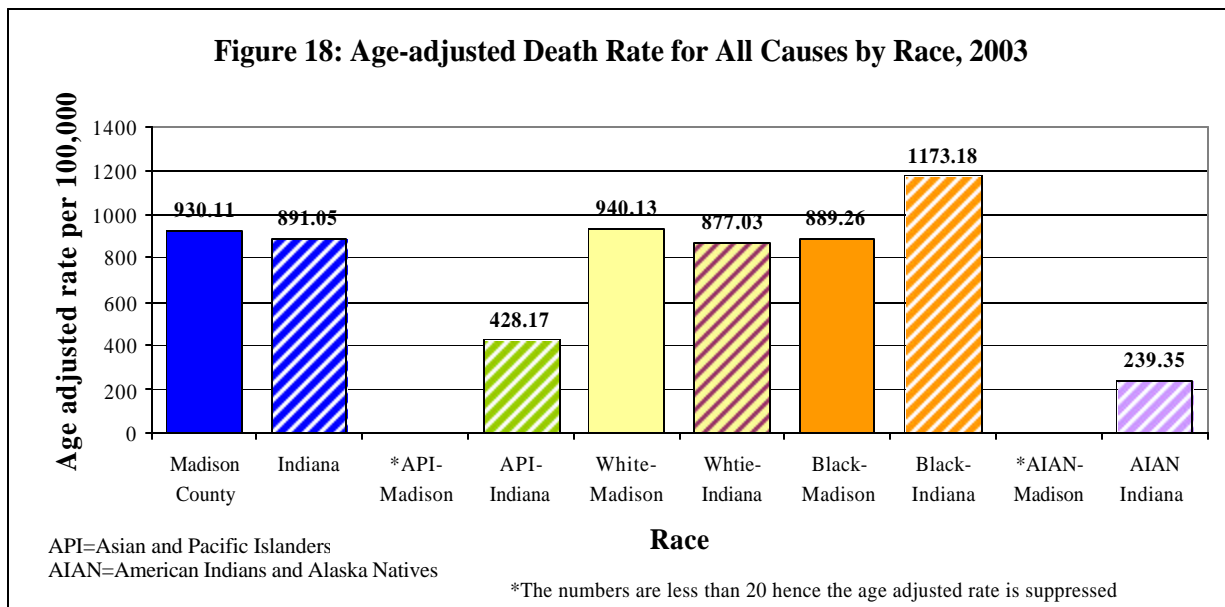
Figure 17b: Percentage of Women receiving Less than Adequate Prenatal Care by Ethnicity, 2002



Leading Causes of Death:

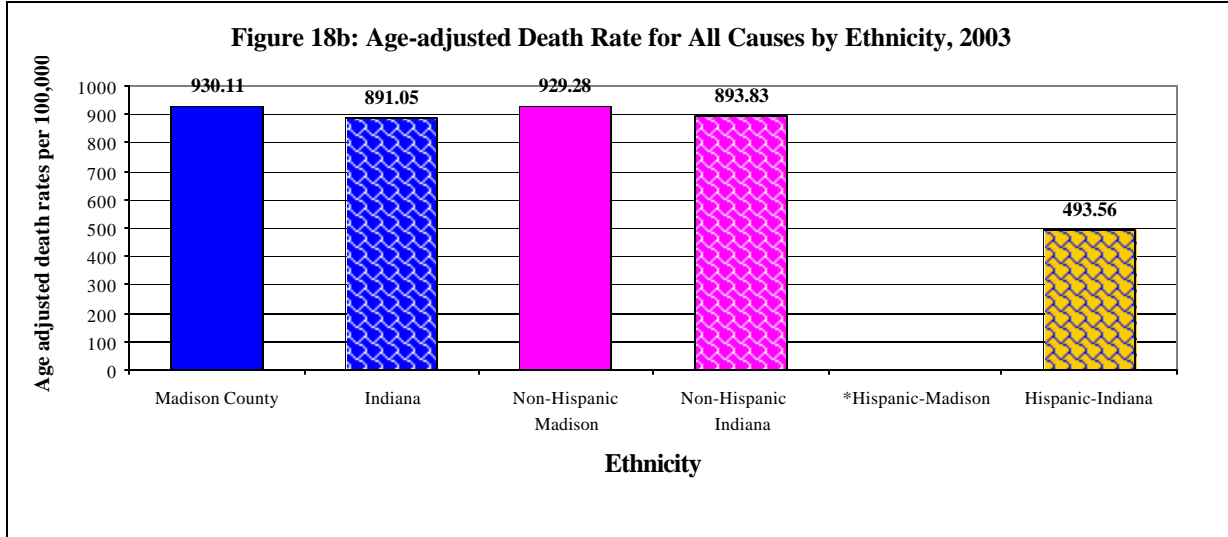
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

- The age-adjusted death rate for APIs and AIANs in Madison County could not be compared due to the small number of deaths.
- The age-adjusted death rate for Blacks in Madison County was similar to the age-adjusted death rate for all deaths in Madison County.
- The age-adjusted death rate for Blacks in Madison County was lower than the age-adjusted death rate for all deaths among Blacks in Indiana.



Age Adjusted Death Rate for All Causes by Ethnicity (Figure 18b):

- The age-adjusted death rate for Hispanics in Madison County could not be compared due to the small number of deaths.



Five Leading Causes of Death by Race (Figure 19a):

- Deaths by cause for APIs and AIANs in Madison County could not be compared due to the small number of deaths.
- Diseases of the heart are the leading cause of death in Madison County.

Figure 19a: Five Leading Causes of Death by Race, 2003						
Madison County						
Leading Cause of Death by Race, 2003	Indiana State N=55,123	ALL Races (All Causes) N=1,451	Asian and Pacific Islanders (APIs) N=1	White N=1,385	Black N=65	American Indians & Alaska Natives (AIANs) N=0
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=343	N/A	Diseases of the Heart N=324	Diseases of the Heart N=19	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=320	N/A	Malignant Neoplasms N=308	Malignant Neoplasms N=12	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=111	N/A	Cerebrovascular Diseases N=103	Cerebrovascular Diseases N=8	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=91	N/A	Chronic Lower respiratory disease N=90	Nephritis, Nephrotic Syndrome & Nephrosis N=5	N/A
#5	Accidents N=2,086	Accidents N=71	N/A	Accidents N=70	Diabetes Mellitus N=**	N/A

N/A = Not applicable

** = 'Number' is suppressed if under 5

Since the numbers are small, the patterns need to be interpreted with caution

Five Leading Causes of Death by Ethnicity (Figure 19b):

- Deaths by cause for Hispanics could not be compared due to the small number of deaths.

Figure 19b: Five Leading Causes of Death by Ethnicity, 2003				
		Madison County		
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N=1,451	Non-Hispanic N=1,441	Hispanic N=9
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=343	Diseases of the Heart N=342	Assault (Homicide) N=**
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=320	Malignant Neoplasms N=319	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=111	Cerebrovascular Diseases N=111	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=91	Chronic Lower respiratory disease N=91	N/A
#5	Accidents N=2,086	Accidents N=71	Accidents N=70	N/A

N/A = Not applicable

** = 'Number' is suppressed if under 5

Since the numbers are small, the patterns need to be interpreted with caution

Overview of Madison County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Black respondents ranked cancer and high blood pressure as the worst health problems in their neighborhood, followed by diabetes, heart disease, diet problems, substance abuse, strokes, arthritis, respiratory conditions, AIDS/HIV, mental illness, and the lack or inadequate health and dental care or insurance.
- Hispanic/Latinos ranked cancer as the worst health problem in their neighborhood, followed by diet problems, diabetes, high blood pressure, heart disease, substance abuse, AIDS/HIV, respiratory conditions, mental illness, strokes, arthritis, and the lack or inadequate health and dental care or insurance.

Household arrangement (Table 2)

- Thirty-six percent of Black respondents (36.2 percent) lived in single adult households; nearly half, lived in two adult homes (47.9 percent); and the remainder reported three or more adults in the home. Approximately forty-nine percent reported the presence of one or more children in the household.
- More than seventeen percent of the Hispanic/Latino respondents lived in single adult households; nearly fifty-one percent lived in two adult households; and the remainder reported three or more adults in the home. More than eighty-nine percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 73 (78.5 percent) females and 20 (21.5 percent) males. Nineteen percent of the respondents were younger than 35 years of age, while thirty-seven percent were 55 year or older.
- The Hispanic/Latino respondents consisted of 47 (71.2 percent) females and 19 (28.8 percent) males. Approximately forty-five percent of the respondents were younger than 35 years of age, while nearly nine percent were 55 years or older.

Education (Table 2)

- Twenty-six percent of the Black respondents graduated from high school, 32.6 percent had some college or trade school experience, and 34.8 percent had college degrees.

- Nearly forty-three percent of the Hispanic/Latino respondents graduated from high school, 22.1 percent had some college or trade school experience, and 5.9 percent had college degrees.

Health status perceptions (Table 3)

- Nearly twenty-five percent of the Black respondents rated their health as excellent or very good, and more than thirty-seven percent described their health as good. Eighteen percent described their health as fair.
- Nearly twenty-four percent of the Hispanic/Latino respondents rated their health as very good and more than fifty-four percent described their health as good. Twenty-two percent described their health as fair.

Satisfaction with life (Table 3)

- Nearly sixty-two percent of the Black respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (37.2 percent) or dissatisfied (1.1 percent).
- Thirty-eight percent of the Hispanic/Latino respondents rated their feelings about their life as very satisfied or satisfied. The remainder (61.8 percent) described their feelings as sometimes satisfied, sometimes dissatisfied.

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (94.7 percent), followed by family members (26.6 percent). Magazines or newspapers were identified by more than twenty-five percent, television or radio (24.5 percent), the Internet (19.2 percent), and other sources (11.7 percent).
- The most frequent source of health information reported by Hispanic/Latino respondents was a doctor, nurse or clinic (88.4 percent), followed by family members (55.1 percent). Television or radio was identified by approximately nineteen percent, magazines or newspapers (14.5 percent), the Internet (13.0 percent), and other sources (5.8 percent).

Dental care visits and access to dental care (Table 4)

- Approximately thirty-two percent reported no visits to the dentist in the last twelve months. More than fifty-five percent reported visiting the dentist one to two times in the last year, and approximately thirteen percent reported three or more visits this past year. The majority of Black respondents (78.5 percent) reported having access to a dentist for dental care.

- Nearly seventy-one percent of Black respondents reported no visits to the dentist in the last twelve months. Nineteen percent reported visiting the dentist one to two times in the last year, and more than ten percent reported three or more visits this past year. One third of the Hispanic/Latino respondents (33.8 percent) reported having access to a dentist for dental care.

Medical care visits and access to health care (Table 4)

- Nearly seven percent of Black respondents reported no visits to the doctor or nurse in the last 12 months. More than thirty-four percent reported visiting the doctor or nurse one to two times in the last year, and approximately fifty-nine percent reported three or more visits this past year. Eighty-eight percent of Black respondents reported having access to a doctor or a nurse for health care.
- Thirty percent of the Hispanic/Latino respondents reported no visits to the doctor or nurse in the last 12 months. Fifty percent reported visiting the doctor or nurse one to two times in the last year, and nearly twenty percent reported three or more visits this past year. Nearly seventy-two percent of Hispanic/Latino respondents reported having access to a doctor or a nurse for health care.

Utilization of health care by respondents without access to a doctor or nurse (Table 4)

- For Black respondents who did not have a regular source of care (12.0 percent), the choice for service if needed was a community clinic (36.3 percent), hospital emergency room (27.3 percent), doctor's office (27.3 percent), and self care (9.1 percent).
- For Hispanic/Latino respondents who did not have a regular source of care (28.4 percent), the choice of service if needed was self-care (43.7 percent), a community clinic (37.5 percent), an urgent care center (12.5 percent), and hospital emergency room (6.3 percent).

Utilization of health care by respondents currently receiving care (Table 4)

- Black respondents with a regular source of care most frequently relied on private physicians (88.3 percent) followed by a community clinic (6.5 percent), hospital emergency room (3.9 percent), and urgent care center (1.3 percent).
- Hispanic/Latino respondents with a regular source of care, most frequently relied on a community clinic (51.1 percent), followed by private physicians (38.3 percent), and the urgent care center (10.6 percent).

Actual utilization patterns (Table 4)

- On reporting actual utilization of health care services during the past 12 months, nearly sixteen percent of the Black respondents reported they were hospitalized, more than twenty-eight percent reported use of a hospital emergency room, and twelve percent used the services of an urgent care center.
- On reporting actual utilization of health care services during the past 12 months, three percent of Hispanic/Latino respondents reported they were hospitalized, approximately fourteen percent reported use of a hospital emergency room, and approximately twenty-four percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- Forty-six percent of Black respondents rated services as either superior (8.6 percent), or above average (37.6 percent). Nearly fifty-two percent described the services they received as average. Two percent rated services as below average.
- Nearly sixty-eight percent of Hispanic/Latino respondents rated services as either superior (12.9 percent), or above average (54.8 percent). The remainder described the services they received as average.

Personal barriers to health care utilization (Table 5)

- Seventeen percent of Black respondents (17.0 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included the lack of money, lack of insurance, could not get off work, medical care not covered by insurance, and waiting too long for an appointment.
- Forty-one percent Hispanic/Latino respondents (41.2 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included the lack of money, language barriers, cultural barriers, lack of insurance, and felt uncomfortable asking the doctor or nurse questions.

Community barriers to health utilization (Table 5)

- Black respondents indicated the top five barriers to health care in their community included the lack of insurance, lack of money, medical care not covered by insurance, doctor or clinic would not take Medicare, and doctor or clinic would not take Medicaid.

- Hispanic/Latino respondents indicated the top five barriers to health care in their community included the lack of insurance, language barriers, lack of money, cultural barriers, and not having a Social Security Number.

Cigarette smoking (Table 6)

- More than one third of the Black respondents (35.8 percent) reported having smoked at least 100 cigarettes in their life with more than thirty-nine percent smoking everyday, six percent some days, and nearly fifty-five percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (26.7 percent) to about two packs (6.6 percent). Sixteen percent of all Black respondents (16.0 percent) indicated they were current smokers.
- Approximately sixty-nine percent of the Hispanic/Latino respondents reported having smoked at least 100 cigarettes in their life with forty-eight percent smoking every day, eight percent some days and forty-four percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (14.2 percent) to about two packs (42.9 percent). One fifth all Hispanic/Latino respondents (20.2 percent) indicated they were current smokers.

Physical activity (Table 6)

- Approximately fifty-eight percent of the Black respondents (57.8 percent) reported exercising one or more times per week. Approximately nineteen percent of the respondents (18.9 percent) indicated they never exercise.
- Nearly sixty-four percent of the Hispanic/Latino respondents (63.6 percent) reported exercising one or more times per week. Approximately twenty-six percent of the respondents (25.8 percent) indicated they never exercise.

Healthy diet (Table 6)

- Nearly fifty-one percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (12.1 percent), or most of the time (38.5 percent). Twelve percent of the respondents (12.1 percent) indicated they do not follow healthy diet recommendations.
- More than thirty-six percent of the Hispanic/Latino respondents reported they follow healthy diet recommendations either almost all of the time (7.6 percent), or most of the time (28.8 percent). Nearly seventeen percent of the respondents indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- Forty percent of the Black respondents (40.2 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (17.1 percent), asthma (13.7 percent), other lung disease (13.7 percent), and heart disease (9.6 percent).
- Nineteen percent of the Hispanic/Latino respondents (19.1 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (10.3 percent), asthma (5.9 percent), and heart disease (2.9 percent).

Adults requiring assistance (Table 7)

- Nearly five percent of the Black respondents reported having an adult member of their household who requires assistance, but only half of the respondents pay for this assistance.
- Nearly two percent of the Hispanic/Latino respondents reported having an adult member of their household who requires assistance, and the respondents pay for this assistance.

Medical insurance coverage (Table 8)

- Only thirty-one percent of the Black respondents provided a reply to the question of whether they have medical insurance. Of those who responded, nearly ninety-seven percent indicated they do have some type of medical insurance coverage. More than forty-six percent reported coverage through their employer (46.4 percent), Medicare (21.4 percent), Medicaid (14.3 percent), privately purchased plan (3.6 percent), and covered under spouse or parent's insurance (3.6 percent).
- Only fifteen percent, of the Hispanic/Latino respondents provided a reply to this question of whether they have medical insurance. Of those who responded, ninety percent indicated they do have some type of medical insurance coverage. Two thirds of those covered reported coverage through their employer (66.7 percent), covered under spouse or parent's insurance (22.2 percent), and Medicaid (22.2 percent).

Dental insurance coverage (Table 8)

- More than three quarters of the Black respondents (79.3 percent) reported having dental insurance coverage.
- More than one quarter of the Hispanic/Latino respondents (26.9 percent) reported they have dental insurance coverage.

Monthly prescription drug expenses (Table 8)

- More than forty-two percent of the Black respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while more than twenty-four percent pay \$25 to \$49 per month or \$50 to \$74 per month. Nine percent of the respondents indicated paying \$100 to \$199 per month or \$200 or more per month. More than twenty-four percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them.
- Twelve percent of the Hispanic/Latino respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while nearly twenty-three percent pay \$25 to \$49 per month or \$50 to \$74 per month. Nearly two percent of the respondents indicated paying \$75 to \$99 per month. Nearly sixty-one percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while three percent indicated they did not know.

Madison County Needs Assessment Survey 2004

Table 1: Worst Health Problems in the Neighborhood as Reported by the Madison County Survey Respondents

Neighborhood Health Problems (respondents could list as many as five)	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
Cancer	46	47.9%	48	69.6%
High blood pressure	46	47.9%	25	36.2%
Diabetes	43	45.7%	27	39.1%
Heart disease	40	42.6%	16	23.2%
Diet problems (obesity, poor nutrition)	28	29.8%	31	44.9%
Substance abuse (alcohol, drugs, smoking)	23	29.8%	16	23.2%
Strokes	23	24.5%	7	10.1%
Arthritis	20	21.3%	7	10.1%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	17	18.1%	14	20.3%
AIDS/HIV	13	13.8%	16	23.2%
Mental illness	11	11.7%	10	14.5%
Lack or Inadequate Health/Dental care access, insurance, providers, services	7	7.5%	3	4.4%

Table 2: General Information Provided about Self and Family as Reported by the Madison County Survey Respondents

	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
2a. How many adults in live in your household?				
1	34	36.2%	12	17.4%
2	45	47.9%	35	50.7%
3	13	13.8%	18	26.1%
4	2	2.1%	4	5.8%
5	0	0.0%	0	0.0%
6 or more	0	0.0%	0	0.0%
2b. How many children live in your household?				
0	40	51.2%	7	10.6%
1	13	16.7%	9	13.6%
2	17	21.8%	18	27.3%
3	6	7.7%	17	25.8%
4	1	1.3%	12	18.2%
5 or more	1	1.3%	3	4.5%
3. What is your gender?				
Male	20	21.5%	19	28.8%
Female	73	78.5%	47	71.2%
4. What is your age?				
Less than 18 years	0	0.0%	0	0.0%
18 - 24	8	8.5%	11	15.9%
25 - 34	10	10.7%	20	29.0%
35 - 44	17	18.1%	24	34.8%
45 - 54	24	25.5%	8	11.6%
55 - 64	19	20.2%	6	8.7%
65+	16	17.0%	0	0.0%
7. How much education have you had?				
Less than high school	6	6.5%	20	29.4%
High school or equivalent	24	26.1%	29	42.6%
Some college or trade school	30	32.6%	15	22.1%
College graduate or more education	32	34.8%	4	5.9%

Table 3: General Health Status as Reported by the Madison County Survey Respondents

	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
8. Would you say that in general your health is?				
Excellent	8	8.5%	0	0.0%
Very Good	15	16.0%	16	23.5%
Good	54	57.4%	37	54.4%
Fair	17	18.1%	15	22.1%
Poor	0	0.0%	0	0.0%
Very Poor	0	0.0%	0	0.0%
9. Right now, how do you feel about your life as a whole?				
Very Satisfied	13	13.8%	1	1.5%
Satisfied	45	47.9%	25	36.7%
Sometimes satisfied, sometimes dissatisfied	35	37.2%	42	61.8%
Dissatisfied	1	1.1%	0	0.0%
Very Dissatisfied	0	0.0%	0	0.0%

Table 4: Experience Getting Health Care as Reported by the Madison County Survey Respondents

	Racial Minorities Black			Ethnic Minorities Hispanic/Latino	
	Number	Percent		Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)					
Doctor, nurse or clinic	89	94.7%		61	88.4%
The Internet	18	19.2%		9	13.0%
Magazines or newspapers	24	25.5%		10	14.5%
Television or radio	23	24.5%		13	18.8%
Family members	25	26.6%		38	55.1%
Other	11	11.7%		4	5.8%
11. In the last 12 months, how many separate visits have you made to the dentist?					
None	30	31.9%		48	70.6%
1 or 2	52	55.3%		13	19.1%
3 to 5	11	11.7%		6	8.8%
More than 6	1	1.1%		1	1.5%
12. Do you have a dentist who you almost always go to for dental care?					
Yes	73	78.5%		23	33.8%
No	20	21.5%		45	66.2%
13. In the last 12 months, how many separate visits have you made to the doctor, clinic or someplace else to get medical care?					
None	6	6.7%		20	30.3%
1 or 2	31	34.4%		33	50.0%
3 to 5	38	42.2%		7	10.6%
6 or more	15	16.7%		6	9.1%
14. Do you have a doctor or a nurse who you almost always go to for health care?					
Yes	81	88.0%		48	71.6%
No	11	12.0%		19	28.4%
15. If No, where would you go to get care if you were to get sick?					
Doctor's office	3	27.3%		0	0.0%
Community clinic	4	36.3%		6	37.5%
Hospital emergency room	3	27.3%		1	6.3%
Urgent care center	0	0.0%		2	12.5%
Self care	1	9.1%		7	43.7%
Other	0	0.0%		0	0.0%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?

Private doctor's office	68	88.3%	18	38.3%
Community clinic	5	6.5%	24	51.1%
Hospital emergency room	3	3.9%	0	0.0%
Urgent care center	1	1.3%	5	10.6%
Other	0	0.0%	0	0.0%

17. Were you hospitalized during the past 12 months?

Yes	14	15.6%	2	3.1%
No	76	84.4%	64	96.9%

18. Did you use the services of a hospital emergency room during the past 12 months?

Yes	26	28.3%	9	13.8%
No	66	71.7%	56	86.2%

19. Did you use the services of a neighborhood urgent care center during the 12 months?

Yes	11	12.1%	16	23.9%
No	80	87.9%	51	76.1%

Table 4: Experience Getting Health Care as Reported by the Madison County Survey Respondents

	Racial Minorities Black			Ethnic Minorities Hispanic/Latino	
	Number	Percent		Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)					
Doctor, nurse or clinic	89	94.7%		61	88.4%
The Internet	18	19.2%		9	13.0%
Magazines or newspapers	24	25.5%		10	14.5%
Television or radio	23	24.5%		13	18.8%
Family members	25	26.6%		38	55.1%
Other	11	11.7%		4	5.8%
11. In the last 12 months, how many separate visits have you made to the dentist?					
None	30	31.9%		48	70.6%
1 or 2	52	55.3%		13	19.1%
3 to 5	11	11.7%		6	8.8%
More than 6	1	1.1%		1	1.5%
12. Do you have a dentist who you almost always go to for dental care?					
Yes	73	78.5%		23	33.8%
No	20	21.5%		45	66.2%
13. In the last 12 months, how many separate visits have you made to the doctor, clinic or someplace else to get medical care?					
None	6	6.7%		20	30.3%
1 or 2	31	34.4%		33	50.0%
3 to 5	38	42.2%		7	10.6%
6 or more	15	16.7%		6	9.1%
14. Do you have a doctor or a nurse who you almost always go to for health care?					
Yes	81	88.0%		48	71.6%
No	11	12.0%		19	28.4%
15. If No, where would you go to get care if you were to get sick?					
Doctor's office	3	27.3%		0	0.0%
Community clinic	4	36.3%		6	37.5%
Hospital emergency room	3	27.3%		1	6.3%
Urgent care center	0	0.0%		2	12.5%
Self care	1	9.1%		7	43.7%
Other	0	0.0%		0	0.0%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?					
Private doctor's office	68	88.3%		18	38.3%
Community clinic	5	6.5%		24	51.1%
Hospital emergency room	3	3.9%		0	0.0%
Urgent care center	1	1.3%		5	10.6%
Other	0	0.0%		0	0.0%
17. Were you hospitalized during the past 12 months?					
Yes	14	15.6%		2	3.1%
No	76	84.4%		64	96.9%
18. Did you use the services of a hospital emergency room during the past 12 months?					
Yes	26	28.3%		9	13.8%
No	66	71.7%		56	86.2%
19. Did you use the services of a neighborhood urgent care center during the 12 months?					
Yes	11	12.1%		16	23.9%
No	80	87.9%		51	76.1%

Table 5: Attitudes and Barriers to Medical Care as Reported by the Madison County Survey Respondents

	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
20. How good do you think the health care services that you and members of your household have received in this community?				
Superior	8	8.6%	8	12.9%
Above average	35	37.6%	34	54.8%
Average	48	51.6%	20	32.3%
Below average	2	2.2%	0	0.0%
Terrible	0	0.0%	0	0.0%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?				
Yes	16	17.0%	28	41.2%
No	78	83.0%	40	58.8%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)				
No doctor in area	0	0.0%	0	0.0%
Lack of money	11	68.8%	24	85.7%
No insurance	10	62.5%	20	71.4%
Insurance did not cover the medical care	3	18.8%	1	3.6%
No transportation available	1	6.3%	0	0.0%
Had to wait too long for an appointment	3	18.8%	1	3.6%
Doctor wouldn't take new patients	1	6.3%	0	0.0%
Doctor or clinic wouldn't take Medicare	1	6.3%	0	0.0%
Doctor or clinic wouldn't take Medicaid	1	6.3%	3	10.7%
Doctor you need to see for your insurance is out of your area	1	6.3%	1	3.6%
Language barriers	1	6.3%	21	75.0%
Cultural barriers	0	0.0%	21	75.0%
Had to wait too long in doctor's or clinic office	3	18.8%	0	0.0%
Was not treated with respect	0	0.0%	2	7.1%
The doctor or nurse wouldn't listen	0	0.0%	2	7.1%
Felt uncomfortable asking the doctor or nurse questions	0	0.0%	7	25.0%
Didn't feel the medical care was the best	0	0.0%	0	0.0%
Couldn't get off work	5	31.3%	3	10.7%
Clinic or doctor's office staff was rude and not very helpful	0	0.0%	1	3.6%
No child care available	2	12.5%	2	7.1%

Not having a Social Security Number was a problem	0	0.0%		1	3.6%
Not having permanent address was a problem	0	0.0%		0	0.0%
Other	0	0.0%		0	0.0%
23. In your community, what do you think are the biggest problems that keep other people from getting health care?					
No doctor in area	9	9.6%		0	0.0%
Lack of money	75	79.8%		63	91.3%
No insurance	86	91.5%		66	95.7%
Insurance did not cover the medical care	38	40.4%		8	11.6%
No transportation available	25	26.6%		22	31.9%
Had to wait too long for an appointment	21	22.3%		15	21.7%
Doctor wouldn't take new patients	17	18.1%		8	11.6%
Doctor or clinic wouldn't take Medicare	29	30.9%		10	14.5%
Doctor or clinic wouldn't take Medicaid	29	30.9%		15	21.7%
Doctor you need to see for your insurance is out of your area	13	13.8%		2	2.9%
Language barriers	17	18.1%		64	92.8%
Cultural barriers	17	18.1%		57	82.6%
Had to wait too long in doctor's or clinic office	13	13.8%		14	20.3%
Was not treated with respect	14	14.9%		8	11.6%
The doctor or nurse wouldn't listen	12	12.8%		8	11.6%
Felt uncomfortable asking the doctor or nurse questions	14	14.9%		27	39.1%
Didn't feel the medical care was the best	12	12.8%		4	5.8%
Couldn't get off work	26	27.7%		32	46.4%
Clinic or doctor's office staff was rude and not very helpful	8	8.5%		6	8.7%
No child care available	18	19.2%		21	30.4%
Not having a Social Security Number was a problem	5	5.3%		38	55.1%
Not having a permanent address was a problem	8	8.5%		4	5.8%
Other	0	0.0%		1	1.5%

Table 6: Health Related Activities as Reported by the Madison County Survey Respondents

	Racial Minorities Black			Ethnic Minorities Hispanic/Latino	
	Number	Percent		Number	Percent
24. Have you smoked at least 100 cigarettes in your life?					
Yes	33	35.8%		25	37.9%
No	57	62.0%		36	54.5%
Don't know / Not sure	2	2.2%		5	7.6%
25. If yes, do you now smoke cigarettes every day, some days or not at all?					
Everyday	13	39.4%		12	48.0%
Some days	2	6.1%		2	8.0%
Not at all	18	54.5%		11	44.0%
26. If you smoke some days or everyday, how much do you usually smoke per day?					
Less than 1/2 pack per day	4	26.7%		2	14.2%
1/2 to 1 pack per day	10	66.7%		6	42.9%
About 2 packs per day	1	6.6%		6	42.9%
About 3 packs per day	0	0.0%		0	0.0%
More than 3 packs per day	0	0.0%		0	0.0%
27. How often do you exercise or participate in vigorous physical activity?					
One or more times each week	52	57.8%		42	63.6%
Less than one time per week	21	23.3%		7	10.6%
Not at all	17	18.9%		17	25.8%
28. How often do you generally follow recommendations for a healthy diet?					
All the time or almost all of the time	11	12.1%		5	7.6%
Most of the time	35	38.5%		19	28.8%
Some of the time	34	37.3%		31	46.9%
Not very often or not at all	11	12.1%		11	16.7%
29. Have you ever been told by a doctor or nurse that you have any of the following?					
High blood pressure ('yes')	35	40.2%		13	19.1%
Heart disease ('yes')	7	9.6%		2	2.9%
Diabetes ('yes')	13	17.1%		7	10.3%
Asthma ('yes')	10	13.7%		4	5.9%
Other lung disease ('yes')	10	13.7%		0	0.0%

Table 7: Disabilities as Reported by the Madison County Survey Respondents

	Racial Minorities Black			Ethnic Minorities Hispanic/Latino	
	Number	Percent		Number	Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?					
Yes	4	4.5%		1	1.5%
No	85	95.5%		65	98.5%
31. Do you pay anyone to give this assistance?					
Yes	2	50.0%		1	100.0%
No	2	50.0%		0	0.0%

Table 8: Your Health Insurance as Reported by the Madison County Survey Respondents

	Racial Minorities Black			Ethnic Minorities Hispanic/Latino	
	Number	Percent		Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?					
Yes	28	96.6%		9	90.0%
No	1	3.4%		1	10.0%
33. If yes, what kind do you have? (respondents were asked to check all that apply)					
Provided by employer	13	46.4%		6	66.7%
Privately purchased plan	1	3.6%		0	0.0%
Covered under spouse or parent's insurance	1	3.6%		2	22.2%
Medicare	6	21.4%		0	0.0%
Medicaid	4	14.3%		2	22.2%
Long term care insurance	0	0.0%		0	0.0%
Other	0	0.0%		0	0.0%
34. Do you have dental insurance coverage if any problems arise?					
Yes	73	79.3%		18	26.9%
No	19	20.7%		49	73.1%
35. How much do you pay for prescription drugs in a typical month?					
Nothing / Does not apply to me	22	24.4%		40	60.6%
Less than \$10 per month	12	13.3%		3	4.5%
\$10 to \$24 per month	26	29.0%		5	7.7%
\$25 to \$49 per month	13	14.4%		12	18.2%
\$50 to \$74 per month	9	10.0%		3	4.5%
\$75 to \$99 per month	0	0.0%		1	1.5%
\$100 to \$199 per month	5	5.6%		0	0.0%
\$200 or more per month	3	3.3%		0	0.0%
Don't know	0	0.0%		2	3.0%

Overview of Madison County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Madison County residents: **cancer, diabetes, heart attack, hypertension, HIV/AIDS, infant mortality, obesity, sexually transmitted diseases, stroke and tuberculosis**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

- **improve access** to healthcare by eliminating barriers;
- **improve communication** between consumers and providers;
- **improve personal behavior** to promote healthy lifestyles;
- **improve health care delivery system** to efficiently meet the needs of the community; and,
- **increase the health awareness and education** level of the community.

A major theme in both the focus groups and key interviews that appeared to drive the discussion was the belief that disparities in both the delivery of healthcare and individual health status exist between races and ethnic groups in Madison County.

The barriers to accessing healthcare that were most frequently mentioned were:

- **cultural** (mistrust of the system, fear of the health outcome, not understanding or being unable to communicate in the patient's language);
- **communication between provider and patient** (building trust);
- **lack of health knowledge and promotion** (ignorance);
- **personal and economic situation** (lack of funds, high cost of health care, lack of transportation); and,
- **system problems** (lack of availability of minority providers in the community, not easily comprehensible systems e.g. Medicare).

Suggestions for improving access to health care for African- Americans and Hispanics in Madison County included:

- **educating the community** about ways to improve their health status (i.e., more Health fairs, media campaigns, etc. in a language that is comprehensible to all);
- **educating providers** about cultural differences and competency issues including cultural sensitivities;
- **making people more aware of available resources** (health insurance availability and sources of care, having more outreach workers in the community);
- **improve the health care delivery system** (affordability, more minority doctors) and,
- **providing translators and interpreters** to eliminate language barriers and have more patient advocates available in the community.

Key quotes from participants:

“It would be beneficial for more neighborhood clinics because our local hospitals funding being cut due to not being apart of the Indianapolis are anymore. Now the hospitals are having a problem making budget. The hospitals do a lot of indigent care and it has left the hospital with a lot of debt.”

“You can not talk about quality if you can’t get basic healthcare. Some people are not even getting basic healthcare let alone quality. Let’s get the people basic then think about quality”.

Madison County Focus Group Responses

Question 1: When asked their perception of what the major health problems were in the African American population in Madison County, the consumers and community leaders identified issues in several domains:

CONSUMERS

Health Access Barriers:

- The high cost of healthcare: doctors, hospitals, and medicine

Health Conditions:

- Cancer
- Diabetes
- Heart attack
- Heart Disease
- Sexually Transmitted Diseases
- Stroke
- Tuberculosis

Personal Behavior

- Obesity
- Smoking

COMMUNITY LEADERS

Community Characteristics

- Discrimination

Health Access Barriers:

- Affordability of healthcare services.

Health Conditions:

- Cancer
- Diabetes
- Heart Attack
- HIV/AIDS
- High blood pressure
- Infant Mortality
- Stroke

Personal Behavior

- Obesity (childhood obesity)
- Domestic violence
- Smoking

Health Knowledge and Promotion

- Education: lack of information

Dental Health

- Dental care

Question 2: The consumers and community leaders' several suggestions of things that could be done to improve the health status of African Americans in their area:

CONSUMERS

Increase Access:

- Open a free clinic; sometimes people still can't afford to pay on a sliding scale
- Lower the cost of medicine
- Have more Spanish speaking people
- Lower cost

Improve Communication and Education

- Don't ask so many questions

Provider Behavior

- Have more compassionate doctors

COMMUNITY LEADERS

Increase Access:

- More affordable healthcare (do something about insurance companies and their control)
- Provide bi-lingual staff person, literature, any instructions, or prescription in Spanish
- cheaper healthcare

Improve Communication and Education

- Offer ongoing educational classes on prevention/maintenance/nutrition/exercise
- Be treated with respect
- Understand culture and be more culturally sensitive

Improve Personal behavior

- Offer incentives, genuine help, networking, and referrals

Provider Behavior/ System Characteristics:

- Recruit more African American providers; e.g. doctors, Nurses, Dentist, Ex-Ray technicians
- Have more outreach
- Be consistent with our healthcare
- Do home visits so as to have insight into natural environment
- Organize programs and implement them where people are: at job site, churches

Question 3: The focus group participants identified the following as major barriers for African Americans to access healthcare in Madison County:

CONSUMERS

Communication

- Language barriers

Cultural Characteristic and Sensitivity

- Fear of receiving bad news; that something is really wrong
- Fear of not being a citizen

Personal/Economic

- High cost of healthcare
- Can't afford to make another bill

COMMUNITY LEADERS

Communication

- Language barriers

Cultural Characteristic and Sensitivity

- Lack of Trust
- Fear that something is wrong and that they won't be able to afford treatment

Health Knowledge and Promotion

- Some patients are ignorant to disease prevention and management efforts.
- Education

Personal/Economic

- Limited finances to afford healthcare
- Lack of prescription benefits in Medicare
- Increasing cost of health care due to malpractice. This is a vicious cycle; malpractice insurance price goes up, doctor's and service fees go up, people sue – malpractice insurance goes up-even with caps on the rate of the number of people who sue is greater.
- Transportation

Provider Behavior/System

- Changes in Medicaid are very confusing
- Providers treat patients like they are ignorant, talk down to them, and don't listen.

Quotes:

“The CEO of Anthem received a bonus of \$43 million; which is about the number of people who are under /uninsured- 43 million people.”

“Managed care dictating to doctors and other providers what they can and can not do: More staff is needed to process claims and reimbursements keep getting lower and lower because the

Anthems of the world look at what State and Federal reimbursements are (because they get a discount) and say we are going to reimburse you at that rate as well.”

Question 4: When asked what could be done in Madison County to improve access to healthcare for African Americans, the participant provided the following recommendations:

CONSUMERS

Communication

- Speak Spanish
- It would help if there were more Spanish speaking doctors

Personal/Economic

- Make healthcare more affordable
- Lower cost

System/Provider

- Make it less intimidating to talk to doctors
- Less verification
- Increase business to areas with low neighborhood clinics to attract doctors.

Culture

- Patients not comfortable interacting with non-Spanish speaking doctors.

COMMUNITY LEADERS

Communication

- Outreach programs targeting African American community
- Build up trust
- Outreach

Education

- Education
- Place greater emphasis on health education and decision making
- Get African Americans to make healthcare a priority

System/Provider

- Go after big drug companies and insurance companies and stop them from paying huge bonuses to CEO's because they are all stock held companies and they will increase the shares the stock holders have
- More African American providers

Culture

- Providers be more culturally aware and sensitive
- Be culturally sensitive

Quote:

” A **mobile unit** to go to where the people are and set up shop i.e. the community centers; the job site; the parks; where ever people gather. It would be within walking distance for those who did not have transportation and convenient for parents with small children or the elderly.”

Question 5: When asked if the focus group participants believed there was a need for more neighborhood clinics and doctors, the response from both the consumers and community leaders groups was a unanimous, “Yes.”

CONSUMERS

Yes,

COMMUNITY LEADERS

Availability/Supply

- More minority doctors in the community
- Need more Hispanic-Latino doctors
- Need central place to go for help

Quote:

“It would be beneficial for **more neighborhood clinics** because our local hospitals funding being cut due to not being apart of the Indianapolis are anymore. Now the hospitals are having a problem making budget. The hospitals do a lot of indigent care and it has left the hospital with a lot of debt.”

Question 6: When asked if they had any concerns about the quality of medical care, the participants in both the consumers’ and the community leaders’ focus groups provided the following comments:

CONSUMERS

Economic

- Yes, if you have good insurance or money to pay

Provider/System

- No, some doctors think they know everything and don’t listen to the patients
- Doctors think they know everything

Access

- No, just be able to get care where there was no care before.

COMMUNITY LEADERS

Provider/System

- Some providers-consciously or unconsciously- feel African Americans deserve minimal treatment.
- Providers feel African Americans are not going to comply with treatment. Some providers feel that they are not going to quit smoking or consuming alcohol and not realize or take into consideration how Big Tobacco companies, breweries and even drugs target minorities and minority communities.
- Some doctors still get indignant if you ask questions or say you read up on something. A good doctor would explain what you read or researched and how it does or does not apply to you.

Education and Promotion

- We must be informed ourselves to make sure we get quality care

Communication

- Language barrier gets in the way; provider, therapy or medication can not be effective if directions are not understood

Quote:

“You can not talk about quality if you can’t get basic healthcare. Some people are not even getting basic healthcare let alone quality. Let’s get the people basic then think about quality”.

Question 7: When asked if the focus group participants believed there the quality of the medical care that African Americans receive is about the same as other people receive, the response from both the consumers and community leaders groups was ‘not in agreement’.

CONSMUERS

The responses were not in agreement, some said

- Yes, if you have the right insurance or money to pay
- No
- Not sure
- Never thought about it that way

COMMUNITY LEADERS

- In some cases
- No.

Question 8: When asked what makes health care programs successful, the participants in both the consumers’ and the community leaders’ focus groups provided the following observations:

CONSUMERS

Communication/outreach/Education

- Having a staff that speaks Spanish
- Having information in Spanish

Provider Behavior/System

- Making patients feel comfortable like Dr. XX.
- Referring people to places where they can get additional help
- Willing to work out payment plan

Incentives/Free Services

- Give out medicines when providers know that the client can't afford.

Access

- Accessible by people with limited finances at little or no charge.

COMMUNITY LEADERS

Communication/outreach/Education

- They may provide information that is not health related

Provider Behavior/System

- They have the trust of the people
- Make good referrals and knowledgeable of other resources.
- Treat patient with respect and dignity.

Cultural Sensitivity

- Programs do well if they have white people backing or saying "this" should be addressed. Black people can say "this" is a problem and get little or no support. But white people say "this" is a problem and get support.

Other

- Do things outside of their medical needs

Question 9: When asked what makes health care programs not successful, the participants in both the consumers' and the community leaders' focus groups provided the following observations:

CONSUMERS

Provider Behavior/System

- Doctors, nurses and receptionists have bad bedside manners
- Not very friendly
- Take very long time to see you

Access

- No access to doctor; won't call you back on the phone

- Only concerned about money if you can pay or have good insurance

COMMUNITY LEADERS

Communication/Outreach

- No outreach

Provider Behavior/System

- Doctors don't listen to the patient
- Dismiss the patients concerns
- Have a blanket treatment for everyone

Question 10: Other recommendations to improve the health care available to minority populations made by the focus group participants included:

None

Madison County Key Informant Interview Findings

Purpose: Community leaders/providers in Madison County participated in key informant interviews to discuss their perceptions of the health-related issues in their county faced by African American, Hispanic/Latino, Asian Americans and Native American residents.

Methods: The community leaders/providers were identified by the Madison County Minority Health Coalition. Ms. Brenda Jones, the Coalition Coordinator of the Madison County Minority Health Coalition conducted the interviews and documented the responses during the interview. The key informant interview script consisted of the same fifteen questions for each of the community leaders/providers. There was a total of six community leader/provider interviews were conducted in Madison County during February and March of 2004. The professions of the community leader/provider included a nurse practitioner, college admissions advisor, physician, community health clinic chief operations executive, registered nurse and a case manager for county family services. The gender of the interviewees was reported for all of the participants and included three males and three females. The age and race/ethnicity of the participants were not reported.

Question 1: When asked to list one or two key changes that would have the most impact on improving health status of racial and ethnic populations in Madison County, the community leaders identified issues in several domains:

African American population in Madison County:

1. Improve Education (Health Promotion)
2. Personal Economic Barriers (Transportation, Insurance)
3. System Improvement (More Providers/Better Access)
4. Personal Behavior (Change Life Styles)

Hispanic/Latino population in Madison County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Personal Economic Barriers (Transportation, Insurance)
4. System Improvement (More Providers/Better Access)
5. Personal Behavior (Change Life Styles)
6. Cultural (Discrimination)

Asian American population in Madison County:

1. Improve Communications (Language)
2. Cultural (Discrimination)

Native American population in Madison County:

1. Improve Communications (Language)
2. Cultural (Discrimination)

Question 2: When asked to suggest specific programs and initiatives to meet the health access needs of racial and ethnic populations in Madison County, the community leaders identified issues in several domains:

African American population in Madison County:

1. Improve Education (Health Promotion)
2. Personal Behavior (Change Life Styles)
3. Cultural (Discrimination)

Hispanic/Latino population in Madison County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. System Improvement (More Providers/Better Access)

Question 3: When asked to specific recommendations for health care systems to better meet the primary care and specialty service needs of low income, working poor and uninsured in the racial and ethnic populations in Madison County, the community leaders identified issues in several domains:

African American population in Madison County:

1. Improve Awareness of Services
2. System Improvement (More Providers/Better Access)
3. Provider Behavior

Hispanic/Latino population in Madison County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Personal Economic Barriers (Transportation, Insurance)
4. System Improvement (More Providers/Better Access)
5. Provider Behavior
6. Cultural (Discrimination)

Asian American population in Madison County:

1. Cultural (Discrimination)

Question 4: When asked if there were any concerns about access to quality medical care available to the racial and ethnic populations in Madison County, the community leaders provided the following observations:

Key informant 1:

“Yes”

- *“Due to difference in cultures and the language barrier, health care providers need to explain in detail what is going on with the patient and what to do for treatment. Don’t let the client leave the office until they fully understand.”*

Key informant 2:

“Yes”

- *“Hispanic/Latino person may not have previously received healthcare services in the United States and may lack awareness and knowledge of health and their health status, such as health conditions and medication allergies.”*

Key informant 3:

“Yes”

- *“Quality medical care is not accessible in our community. Where are the local doctors and nurse practitioners? The practice of medicine has become a business. People in the Anderson community do not seek care locally, but rather go to Indianapolis to receive quality care.”*

Key informant 4:

“Yes”

- *“African Americans need to be more insistent about asking questions of their physician and to be less passive in their healthcare. African Americans seem to have a fear of the healthcare system, especially when it come to invasive treatment and testing.”*

Key informant 5:

“Yes”

- *“People become frustrated by the lack of affordable quality health care”*

Key informant 6:

“Yes”

- *“The African American population in Madison County lacks access to quality care as this service is not affordable for 75% to 80% of the population. They cannot pay the \$25.00 fee for service, buy medication, see a specialist, or receive physical rehabilitation due to the high cost of service. This can lead to a feeling of defeat and that this condition is something I will have to live with.”*
- *The Hispanic/Latino population in Madison County would try to find the money to pay for the service if the healthcare professional would communicate to the importance of the treatment.”*

Question 5: When asked what makes health care programs successful, the key informant participants provided the following observations:

Key informant 1:

- *“Provide follow up services to patients who does not speak English well”*
- *“Communication with other agencies”*
- *“Willingness to help with non-medical needs”*

Key informant 2:

- *“Hispanic staff available”*
- *“Build trust over time”*
- *“Avoid giving out bad information and taking advantage of clients”*
- *“Provide assistance beyond medical needs”*

Key informant 3:

- *“Programs accessible to the community”*
- *“Collaborate and partner with others”*
- *“Willingness to help with non-medical issues”*

Key informant 4:

- *“Outreach programs”*
- *“Services provided at little or no charge to the individual which makes it financially accessible”*
- *“ Personalized care to help get over the fear of the healthcare community”*

Key informant 5:

- *“Work well with other organizations”*
- *“Offer free programs”*
- *“ Not intrusive or chasing after the dollar”*
- *“Seek other ways to meet individual needs”*

Key informant 6:

- *“Give clients the feeling that someone has really paid attention to their concerns and needs”*

Question 6: When asked what makes health care programs not successful, the key informant participants provided the following observations:

Key informant 1:

- *“Lack of outreach services”*

Key informant 2:

- *“Lack of bilingual staff”*
- *“Lack of quality care”*

Key informant 3:

- *“Traditional healthcare providers do not reach out to the community”*

Key informant 4:

- *“Focus is all about the money”*
- *“Lack of outreach or marketing to the African American community”*

Key informant 5:

- *“No outreach”*

Key informant 6:

- *“Patients are required to wait a long time which makes them feel like they’re not important”*
- *“Lack of sensitivity”*
- *“Lack of knowledge of cultural needs”*

Question 7: When asked if there are sufficient or insufficient numbers of neighborhood-level primary health care providers to meet the needs in the community, such as private doctors for the racial and ethnic populations or neighborhood clinics for those who are low income, the community leaders provided the following observations:

Key informant 1:

“Insufficient”

Key informant 2:

“Insufficient”

Key informant 3:

“Insufficient”

- *“Big conglomerates are trying to do away with neighborhood physician offices and become more corporate”*

Key informant 4:

“Insufficient”

- *“There are only 3 Hispanic/Latino, and 3 African American physicians in the area”*
- *“Hospitals need to put an emphasis on recruiting minority physicians and work with them to promote and build their practice”*

Key informant 5:

“Insufficient”

- *“Medicine has become a business with doctors shipped in from Indianapolis. The doctors providing services here are not members of this community, they do not live or worship here.”*

Key informant 6:

“Insufficient”

- *“There are too few providers, and those who are here are not visible”*

Question 8: When asked where needed neighborhood-level primary health care providers should be located, the community leaders provided the following suggestions:

Key informant 1:

- *“On the west side where there is a high population of Hispanic/Latinos living”*

Key informant 2:

- *“Partner with existing healthcare providers*

Key informant 3:

“Not applicable”

Key informant 4:

- *“Locate these clinics within the minority areas of the community”*

Key informant 5:

“Not applicable”

Key informant 6:

“Not applicable”

Question 9: When asked to list the barriers that need to be addressed to help organizations or groups to better meet the health access problems of the racial and ethnic populations in Madison County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Madison County:

1. Improve Awareness of Services
2. Personal Economic Barriers (Transportation, Insurance)
3. System Improvement (More Providers/Better Access)
4. Provider Behavior

African American population in Madison County:

1. Improve Communications (Language)
2. Improve Awareness of Services
3. Provider Behavior

Hispanic/Latino population in Madison County:

1. Improve Communications (Language)
2. Improve Awareness of Services
3. Provider Behavior

Question 10: When asked if these barriers are different for the different racial and ethnic populations, the community leaders provided the following:

Key informant 1:

“Not applicable”

Key informant 2:
“Yes”

Key informant 3:
“No”

Key informant 4:
“Yes”
• “*But only for language barriers*”

Key informant 5:
“No”

Key informant 6:
“Yes”
• “*Language barriers for Hispanics*”

Question 11: When asked if their organization would be will to consider collaborating with other area organizations by contributing staff; donating supplies; helping with marketing, etc. in order to build a healthier Madison County, the community leaders provided the following:

Key informant 1:
• “*I am not certain about my organization, but I am willing to help*”

Key informant 2:
“Yes”
• “*We currently collaborate with organizations*”

Key informant 3:
“Yes”
• “*We already collaborate with other organizations*”

Key informant 4:
“Yes”
• “*Our group feels we do collaborate with organizations*”

Key informant 5:
“Yes”

Key informant 6:
“Yes”

Question 12: When asked to list other community resources and providers of health related services that might be available for use in this project, the community leaders provided the following:

- *“Health Department”*
- *“Madison County Community Health Center”*
- *“Pregnancy Plus”*
- *“Minority Health Coalition of Madison County”*
- *“St. Mary’s Catholic Church”*
- *“Central Indiana Orthopedics”*
- *“Dr. Woodall”*
- *“Operation Love”*
- *“His Healing Hand St. John’s Children’s clinic”*
- *“Kids Plus Community Hospital”*

Question 13: When asked to provide advice to health care organizations that decide to work with other agencies to better address the health care needs, the community leaders provided the following:

- *“Address the language barrier”*
- *“Be culturally sensitive”*
- *“Be open and honest”*
- *“Put the people first”*
- *“Partners need to communicate and negotiate”*
- *“Avoid the duplication of services”*
- *“Partner with others and pool your resources”*
- *“Be committed really working together and put aside hidden agendas”*
- *“Be conscious about finances”*
- *“Talk with the people you plan to serve to understand their real needs”*

Question 14: The key informants were asked if they had any additional comments, the community leaders provided the following:

Key informant 1:

- *“Spend more time with the patients”*
- *“Help your patients feel comfortable”*
- *“Make certain they understand the instructions provided and the items discussed”*

Key informant 2:

“No”

Key informant 3:

“No”

Key informant 4:

- *“The business office and marketing personal of the local hospitals and doctors need to do more to reach out to minority communities.”*

Key informant 5:

No response

Key informant 6:

- *“Poor people of all racial/ethnic groups are among the underserved populations”*

Question 15: The key informants were asked if they had any suggestions of who else should be interviewed who might also know about the health needs of racial and ethnic populations in Madison County, the community leaders provided the following:

- *“Community leaders with health problems as they may be willing to be ambassadors for health”*
- *“Mr. Malone”*
- *“Ester Midero”*
- *“Sergeant Santiago, the jail commander”*

CONCLUSIONS

Conclusions

This report documents that health disparities exist by race and ethnic group within Madison County. There were fewer than 20 birth and death incidents for APIs and AIANs, and therefore it was impossible to make any comparisons for these two racial groups.

The Black population in Madison County was disproportionately affected when comparing the health indicators among racial groups. Most of the health indicators have room for improvement: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, alcohol use during pregnancy, births to single mothers, teenage pregnancy, and low weight gain during pregnancy. Furthermore, fewer Black women in Madison County receive prenatal care during the first trimester and more Black women receive less than adequate prenatal care.

The Hispanic population in Madison County was disproportionately affected when comparing the health indicators among ethnic groups. There was room for improvement in low birth weight, very low birth weight, preterm births, pregnancy complications, Cesarean deliveries, births to single mothers, births to 16 and 17 year olds, and low weight gain during pregnancy. Furthermore, fewer Hispanic women in Madison County receive prenatal care during the first trimester and more Hispanic women receive less than adequate prenatal care.

The age-adjusted death rate for Asian/Pacific Islanders (API), American Indian/Alaska Natives (AIAN), and Hispanics in Madison County could not be compared due to the small number of deaths. The age-adjusted death rate for Blacks in Madison County was similar to the age-adjusted death rate for all deaths in Madison County. Diseases of the heart were the leading cause of death for Blacks in Madison County. Deaths by cause for APIs and AIANs in Madison County could not be compared due to the small number of deaths.

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks and Hispanics have had difficulty obtaining care from primary care providers, with both groups identifying lack of money, and lack of health insurance. Blacks also noted medical care not covered by insurance, could not get off work, and waiting too long for an appointment. Hispanics also noted language and culture as barriers to their accessing care, as well as, felt uncomfortable asking the doctor or nurse questions.

Educating the community about the benefits of a healthier life-style, using preventive health services and being more aware of the services that are available were offered as solutions to the lower health status levels and access problems that exist within the minority populations. Educating providers on cultural sensitivity and improving communication among consumers and providers were also suggested. Interpreters and translators were offered by the Hispanic populations.

It is hoped that the findings in this report will provide the catalyst to bring communities together to discuss existing differences in health indicators and ultimately to better develop strategies to reduce them so that all Madison County residents can achieve the highest possible level of health status. In addition, this report can be used by policy makers, providers and

program administrators to focus interventions on those areas that are of most concern to the minority population.

Monitoring of health indicators (primary and secondary health data and results from targeted surveys, focus groups and key informant interviews) over time will allow health policy makers, providers, and program funding agencies to note positive or negative changes that have occurred and will permit them to react more quickly to remedy undesired direction. Achieving a major reduction in racial and ethnic differences in health indicators will not be achieved in the short term; incremental changes (both desirable and undesirable) can be demonstrated best through continued annual monitoring. Documentation of progress made (success) is the key to continuing successful programs; documentation of movement in the wrong direction can and should lead to more timely interventions. Current information is the basic foundation from which interventions can be developed and implemented.

APPENDICES

Appendix 1: XXXXX County Needs Assessment Survey ©

INTRODUCTION:

The ___IMHC Affiliate___ is conducting a study of health issues and needs in our community. We would like you to answer some questions about your health and your opinions about the health care available to you. Your answers will be confidential and no information will be released that will identify you as participating in the survey. If you don't want to answer any question or don't know the answer, just skip it. The survey will take 10-15 minutes.

Thank you for answering these questions – your answers will help us improve the health care in our county!

Neighborhood Health Problems:

1. Thinking about your own community or neighborhood, what do you think are the worst health problems that people you know are facing today?

(List as many as five)

1. _____
2. _____
3. _____
4. _____
5. _____

General questions about you and your family:

2. Including you, how many adults and how many children (less than 18) live in this household?

Adults ___ ___

Children ___ ___

3. What is your gender?

Male Female

4. What is your age? ___ ___ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

6. What is your race? **(CHECK ALL THAT APPLY)**

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): _____

7. How much education have you had?
- Less than high school
 - High school or equivalent
 - Some college or trade school
 - College graduate or more education

General Health Questions:

8. Would you say that in general your health is:
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Very Poor
9. Right now, how do you feel about your life as a whole?
- Very satisfied
 - Satisfied
 - Sometimes satisfied, sometimes dissatisfied
 - Dissatisfied
 - Very Dissatisfied

Your Experience Getting Health Care:

10. Where do you go to get information about health? (**CHECK ALL THAT APPLY**)
- A doctor, nurse or clinic
 - The Internet
 - Magazines or news papers
 - Television or radio
 - Family members
 - Other → Please list: _____
11. **In the last 12 months**, how many separate visits have you made to the dentist?
- None
 - 1 or 2
 - 3 to 5
 - More than 6
12. Do you have a dentist who you almost always go to for dental care?
- Yes
 - No

13. **In the last 12 months**, how many separate visits have you made to the doctor, clinic, or someplace else to get medical care?

- None
- 1 or 2
- 3 to 5
- 6 to 12
- More than 12

14. Do you have a doctor or a nurse who you almost always go to for health care?

- Yes → **Skip to question 16**
- No

15. **IF NO**, where would you go to get care if you were to get sick?

- Doctor's office
- Community clinic
- Hospital emergency room
- Urgent Care Center
- Self care
- Other: _____

→ **If you answered question 14 and 15, skip to question 17.**

16. **IF YOU ARE** currently receiving care from a doctor or nurse, where do you go to receive care?

- Private doctor's office
- Community clinic
- Hospital emergency room
- Urgent Care Center
- Other: _____

17. Were you hospitalized during the **past 12 months**?

- Yes
- No

18. Did you use the services of a hospital emergency room during the **past 12 months**?

- Yes
- No

19. Did you use the services of a neighborhood urgent care center during the **past 12 months**?

- Yes
- No

Attitudes and Barriers to Medical Care:

20. In general, how good do you think the health care services that you and the members of your household have received in this community? Would you say they are...

- Superior
- Above average
- Average
- Below average
- Terrible

21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?

- Yes
- No → **Skip to # 23**

22. **IF YES**, what difficulties did **YOU** have? **(CHECK ALL THAT APPLY)**

- No doctor in area
- Lack of money
- No insurance
- Insurance did not cover the medical care
- No transportation available
- Had to wait too long for an appointment
- Doctor wouldn't take new patients
- Doctor or clinic wouldn't take Medicare
- Doctor or clinic wouldn't take Medicaid
- Doctor you need to see for your insurance is out of your area
- Language barriers
- Cultural barriers
- Had to wait too long in doctor's or clinic office
- Was not treated with respect
- The doctor or nurse wouldn't listen
- Felt uncomfortable asking the doctor or nurse questions
- Didn't feel the medical care was the best
- Couldn't get off work
- Clinic or doctor's office staff was rude and not very helpful
- No child care available
- Not having a Social Security Number was a problem
- Not having a permanent address was a problem
- Other (specify) _____
- Other (specify) _____

23. In your community, what do you think are the **BIGGEST** problems that keep **OTHER** people from getting health care? (**CHECK ALL THAT APPLY**)

- No doctor in area
- Lack of money
- No insurance
- Insurance did not cover the medical care
- No transportation available
- Had to wait too long for an appointment
- Doctor wouldn't take new patients
- Doctor or clinic wouldn't take Medicare
- Doctor or clinic wouldn't take Medicaid
- Doctor you need to see for your insurance is out of your area
- Language barriers
- Cultural barriers
- Had to wait too long in doctor's or clinic office
- Was not treated with respect
- The doctor or nurse wouldn't listen
- Felt uncomfortable asking the doctor or nurse questions
- Didn't feel the medical care was the best
- Couldn't get off work
- Clinic or doctor's office staff was rude and not very helpful
- No child care available
- Not having a Social Security Number was a problem
- Not having a permanent address was a problem
- Other (specify) _____
- Other (specify) _____

Do you know of a specific example that you can share with us?

Health Related Activities:

24. Have you smoked at least 100 cigarettes in your life?

- Yes
- No → **Skip to # 27**
- Don't know/not sure → **Skip to # 27**

25. **IF YES**, do you now smoke cigarettes every day, some days or not at all?

- Everyday
- Some days
- Not at all → **Skip to # 27**

26. **If you smoke some days or everyday**, how much do you usually smoke per day?

- Less than ½ pack per day
- ½ to 1 pack per day
- About 2 packs per day
- About 3 packs per day
- More than 3 packs per day

27. How often do you exercise or participate in vigorous physical activity such as gardening, walking, housework, running, jogging, swimming, bicycling, dancing, basketball, etc.?

- One or more times each week
- Less than one time per week
- Not at all

28. How often do you generally follow recommendations for a healthy diet (lots of fruits and vegetables, reduced salt and sugar, etc.)?

- All the time or almost all of the time
- Most of the time
- Some of the time
- Not very often or not at all

29. Have you ever been told by a doctor or nurse that you have any of the following?

- | Yes | No |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> Other lung disease |

Disabilities:

30. Are there any adult members (18 or older) of your household that need assistance in daily activities? (like getting dressed, bathing, feeding self, toileting, or getting in/out bed)

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

Your Health Insurance

32. Do you have any medical insurance coverage if any health problems arise?

- Yes
- No

33. If yes, what kind do you have? **(CHECK ALL THAT APPLY)**
- Provided by employer
 - Privately purchased plan
 - Covered under spouse or parent's insurance
 - Medicare
 - Medicaid
 - Long term care insurance
 - Other: _____
34. Do you have dental insurance coverage if any problems arise?
- Yes
 - No
35. How much do you pay for prescriptions drugs in a typical month?
- Nothing/Does not apply to me
 - Less than \$10 per month
 - \$10 to \$24 per month
 - \$25 to \$49 per month
 - \$50 to \$74 per month
 - \$75 to \$99 per month
 - \$100 to \$199 per month
 - \$200 or more per month
 - Don't know

That completes our survey. Thank you very much for your help.

Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

Hello, my name is _____ from _____ IMHC Affiliate _____.
The _____ IMHC Affiliate _____ has started a broad-based effort to identify the health access-related concerns in _____ County (ies).

Let me start by telling you about the _____ IMHC Affiliate _____ and what we are trying to do. Our mission is to increase the health status of minority populations, improve their access to quality care, reduce disparities in health outcomes, and increase the cultural competency of health care providers and organizations. We provide health screening and conduct other outreach programs in the community to better link individuals to health care services that are available to them.

We invited you to participate in this focus group because you have had the opportunity to observe what is affecting the health of individuals from the minority groups who live in this area. We value your perspectives and opinions and are asking for your help to identify the health concerns of the people who live in the county. The information you share with us today will add to the health related information we have gotten from those other sources. We will use your comments and suggestions to prioritize the health concerns in a report to be used by the health care providers and other agencies to plan actions to meet the community health concerns of the racial and ethnic populations.

Question List (Note – only ask about the minority population the participants represent)

1. What do you see as the major **health problems** in the Black or Black (or Hispanic/Latino or Asian American or Native American) population in this area?
2. What do you think can be done to improve the **health status** of Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) in your community?
3. What do you think are the major barriers to Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) **getting or accessing health care** in your community?
4. What can be done to improve the **access to health care** for Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) in your community?
5. Do you believe there is a need for more neighborhood clinics and doctors in your community?
6. Do you have any concerns about the **quality** of medical care available to Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans)?

7. Do you think the **quality** of medical care that Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) receive is about the same as other people receive?

Now, I would like for you to think about health care programs that seem to be doing an excellent job in meeting the health needs of Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) in your community. If you can think of specific examples of community programs, hospital programs, public health or other programs, etc, that would be great.

8. I would like for you to focus on these programs specifically. When you think about these programs, why do you think they have been successful? In other words, what are they doing that causes them to work well?

Next, I would like for you to tell us about health service programs that may NOT doing their job well. If you can think of specific examples, that would be great, but you do not need to tell us the names of the programs if you don't want to.

9. I would like for you to focus on these less effective programs specifically. When you think about these programs, why do you think they have been less successful? In other words, what are they doing that causes them to not work well?

10. Do you have any other comments that will help us to improve the health care available to minority populations?

Closing Statement

We're sorry we are out of time. This has been a valuable discussion and I'll make sure your comments are included in our report. Our plan is to provide this report to local and state level policy makers who are trying to make sure everyone's health needs are being met as much as possible. Thank you very much for your valuable input.

Appendix 3: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

Hello, my name is _____ from _____ IMHC Affiliate _____.
The _____ IMHC Affiliate _____ has started a broad-based effort to identify the health access-related concerns in _____ County (ies).

Let me start by telling you about the _____ IMHC Affiliate _____ and what we are trying to do. Our mission is to increase the health status of minority populations, improve their access to quality care, reduce disparities in health outcomes, and increase the cultural competency of health care providers and organizations. We provide health screening and conduct other outreach programs in the community to better link individuals to health care services that are available to them.

We wanted to interview you because you have the opportunity to observe what is affecting the health of individuals from the minority groups who live here. We value your perspectives and opinions and ask that you help us identify the health concerns of the people who live in the county. The information you share with us today will add to the health related information we have gotten from those other sources. We will use your comments and suggestions to prioritize the health concerns in a report. Our report will be used by the health care providers and other agencies to plan actions to meet the community health concerns of the racial and ethnic populations.

Question List (Note to interviewer – only ask about minority population groups for whom you expect the informant would be knowledgeable)

1. To begin our discussion, I would like for you to tell me one or two key changes you think would have the most impact on improving the **health status** of the racial and ethnic populations in your neighborhood or constituency. Let's start with the health care needs of the Blacks or Blacks:

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

2. What specific programs and initiatives can you suggest could meet the **health access** needs of the Blacks or Blacks specifically?

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

3. Let's focus on low income, working poor and uninsured in the different racial and ethnic populations in _____ County who need primary and specialty services. What specifically can the health care system do to better meet the **health care needs** of Blacks or Blacks?

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

4. Do you have any concerns about the access to **quality** medical care available to Blacks or Blacks?

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

Now, I would like for you to think about health care programs that seem to be doing their job well in meeting specific health needs of racial or ethnic populations in this community. If you can think of specific examples of community programs, hospital programs, public health or other programs, whatever – that would be great.

5. I would like for you to focus on these programs specifically. When you think about these programs, why do you think they have been successful? In other words, what are they doing that causes them to work well?

Next, I would like for you to tell us about health service programs that may NOT doing their job well. If you can think of specific examples, that would be great, but you do not need to tell us the names of the programs if you don't want to.

6. I would like for you to focus on these less effective programs specifically. When you think about these programs, why do you think they have been less successful? In other words, what are they doing that causes them to not work well?

7. Do you believe there the number of neighborhood-level primary health care providers in the community, such as private doctors for the racial and ethnic populations or neighborhood clinics for those who are low income, are sufficient or insufficient to meet the need?

8. If so, where would you suggest they be located?

We have spent a lot of time talking about the needs. Now, I'd like to discuss solutions with you. The results of this study will be used to develop plans to better meet the community's health care needs. However, no one organization can address all of these problems. The success of programs designed to meet the health needs of the community will depend on the cooperation and support of community based organizations, such as yours. Your organization represents a collection of skills, knowledge, and expertise that would be of great benefit to our collaborative effort. In addition, you may have access to space, facilities and equipment that might be used by some of these programs.

9. First, let me ask, what barriers do you think need to be addressed to help organizations or groups such as yours to work with others to better meet the health access problems of the racial and ethnic populations in this community?

10. Are these barriers different for the different racial and ethnic populations?

11. Now, we would like to try to inventory the assets in our community that can be mobilized to meet the health needs of the racial and ethnic populations. Would your organization be willing to consider collaborating with other area organizations by contributing staff; donating supplies; helping with marketing, etc., in order to help build a healthier community?

12. Would you tell us about other community resources and people that might be available for use in our efforts? Let's think about where people go for health related services.

13. If the health care organizations decide to work together with other organizations to better address the health care access needs, what advice would you give them?

14. Do you have any other comments?

15. Finally, who else in our community do you think we should interview who might also know about the health needs of racial and ethnic populations here?

Closing Statement

We're sorry we are out of time. This has been a valuable discussion and I'll make sure your comments are included in our report. We will send a copy of the report to you to show our appreciation for your time. Our plan is to provide this report to local and state level policy makers who are trying to make sure everyone's health needs are being met as much as possible. Thank you very much for your valuable input.